CPP 7/0002-01

Acc. 1991-119-01 (v. 3)

Catalogue of the Mütter Museum.

By

Guy Hinsdale, M.D.,

Curator 1883-1901.

Vol. III.

8,000: Models.

9,200: Wax Models, Eye Diseases.

9,500: " " Venereal "

11,000: Microscopic Specimens.
12000 Entozoa
13,000: Miscellaneous.

14,000: Calculi.

15,000: Photographs.

16,000: Materia Medica.—

17,000: Materia Surgica.—

18,000: Books.

8001.5 Specimen showing the distribution of the internal maxillary artery and its branches. (Model)
Presented by Dr A S Roberts.

8001. The heads dissected to show the cranial nerves, etc.

The brain has been removed, and the cranial nerves are seen passing through the base to their various termini. One-half of the face and a portion of the neck have been removed. The muscles of the mouth and the cervical nerves and sympathetic ganglia are well shown.

The model is nearly twice the normal size.

Made by Vasseur and Tramond.

Purchased.

1661 50 8002. Head and thorax; showing the superficial arterial, venous and nervous distribution.

Made by Vasseur and Tramond; purchased.

8003. Head and thorax; showing the lymphatics. The lymphatics of the neck and the clavicular region are admirably shown.

Made by Vasseur and Tramond. Purchased.

8004. Right thorax and arm; showing the arterial, nervous and lymphatic structures of the axillary region.

Made by Vasseur and Tramond. Purchased.

1662 50 8005. Right inguinal region; showing the inguinal canal, the veins and lymphatics.

Made by Vasseur. Purchased.

8006. Posterior thoracic and abdominal cavities; showing the veins, lymphatics, receptaculum chyli, thoracic duct and portions of the ascending and descending venae cavae. The lower extremity of the receptaculum chyli is between the 2nd and 3rd lumbar vertebrae.

Made by Vasseur and Tramond. Purchased.

8007. The same; showing the receptaculum chyli in the median line, extending not quite to the first lumbar vertebra.

Made by Vasseur and Tramond. Purchased.

8008. The intestinal tract; showing the ileo-caecal valve and the nervous and arterial supply.

Made by Vasseur and Tramond. Purchased.

8020. The brain and spinal cord and nerves. The vertebral bodies have been removed; at the base of the brain the optic tract, commissure and nerves are seen. The circle of Willis is well shown; also, the cervical portion of the vertebral arteries, the brachial and sacral plexuses and the cauda equina.

Made by Vasseur and Tramond. Purchased.

8021. Clastic model of the brain; magnified.

Auzoux. Case 76

8022. Clastic model of the brain; normal size.

Auzoux. Case 76

8025. The cerebellum, medulla, spinal cord, plexuses and nerves.

Made by Auzoux. Purchased.

8040. Model showing the pelvic organs of man.

Vasseur and Tramond. Purchased.

8045. Clastic model of same by Auzoux. Purchased.

2859.
202
4.

1663
50

8050. Model showing the pelvic organs of woman.

Vasseur and Tramond. Purchased.

8055. Clastic model of the same by Auzoux. Purchased

(?) 2863
202
4.

2518
1885
105
1

5118
5885
5105
1

8125 Clastic ~~Plaster~~ Model of the Tongue
2861. and Surrounding ~~parts~~.
201
1

8112. Model of the right side of face,
2862 With skin, fascia and ~~part~~ some of the
202 Muscles removed
1. Property U. W. H. P.

8100. Clastic model of the face and neck. Made by Auzoux. Purchased.

8105. Clastic model of the eye. Made by Auzoux. Purchased.

8110. Clastic model of the hand. Made by Auzoux. Purchased.

8115. Clastic model of the ear. Made by Auzoux. Purchased.

8120. Clastic model of the throat and respira-
2858
201
4. tory passages. Made by Auzoux. Purchased.

2854
202
3 8130. Clastic model of a heart. Made by Auzoux.

2855
202
3. 8131. Chastic model of a heart. Made by Auzoux. (Missing)

8140. Diseases of the membrane tympani. Purchased. 15 models. From Politzer.

8141. Model of the internal ear. (plaster). Purchased.

Destroyed (broken) ref. Mutter Committee Oct 24, 1940 minutes.

8145. Enlarged model of the eye.
Presented by Dr. John H. Brinton.

8150 model; vertical section of skin showing sweat Glands, hair follicles etc.
Presented by Dr. John H. Brinton.

8155. model; vertical section of lower jaw.
Presented by Dr. John H. Brinton.

8190. Plaster Model of the Hand, showing
2856. Missing
201 2. Venous and arterial System.

8191. Plaster Model.
2864.
206
1.

8191.5 Plaster Model.
2865
206
1

8191.10 Plaster Model.
2866.
206
1

8191.15 Plaster Model
2867
207.
2.

8191.20 Plaster Model.
2868
206
2.

8191.25 Plaster Cast
2876.
207.
1.

8191.30 Plaster Cast.
2877.
207
1.

8191.35 Plaster Cast
2878
207
1

8191.40 Plaster Cast
2879
207
1

8191.45 Plaster Cast.
2880
209
2.

8191.50 Plaster Cast.
2881
209
2.

8191.55 Plaster Cast showing Deformity of
2893 Seq.
208 Pres. by Dr. W. W. Keen.
2

8191.60. Plaster cast of foot and Leg.
2894
208
2.

8191.65. Cast of Leg.
2895
208
2.

8191.70 Plaster Cast.
~~2899~~ 2900
209
1

8191.75 Aneurysm of the Arch of the
2903 Aorta Pres. by Dr. J. B. Shober.
209.
2.

8191.80. Deformity of the ankle.
2912
210
1.

8191.85 Angular Deformity of Leg.
2916.
210
2.

8191.90 Deformity of the Knee.
2917. Pres. by Dr. W. W. Keen.
210
3

8191.95 Aneurysm of the Arch of the Aorta.
2919.
210 Pres. by Dr. J. Shober.
4.

~~8201.5 Cast~~
~~2931~~
~~212~~
3

~~8201.10 Aneurysm of the Aorta~~
~~2933~~
~~213~~
1
~~Pres. by Dr. Shober~~

8270.00

8201. Deformity of the Knee.
2927.
213 ~~212~~
1

8200. Model of the abdominal viscera (plaster). no spec missing.

8201. (2927) Deformity of the knee -

8250. Cast of the base of the brain.

8251. Plaster casts of the brain of man, the apes, etc, on a tablet.

8252. Man. -

8253. T Troglodytes niger; chimpanzee.

8254. Part of Human Brain

8255. Satyrus ruffus; orang.

8256. Gorilla.

8257. Hylobates. Ape

8258. Cynocephalus. Baboon

8259. Cebus. Monkey

8260. Canis vulpis.

Made from Broca's collection by Tramond, Paris.

8191.96 Deformity of Knee.
2923
211
2
Presented by Dr. Mütter

8191.97. Model. Popliteal Aneurism Auth. Dr. Schaeffer. McFarland & Schenck.
2924
211
3
Presented by Dr. Mütter

8191.98 Model. Probably - Uterine Fibroid -
2925
211
3
Presented by Dr. Mütter

~~8191.99. Aneurysm of the Aorta~~
~~2926~~
~~212~~
1
~~Pres. by Dr. Shober~~

8270. Six brain casts, showing ventricles, ~~choroid~~ plexus.

8300. Inguinal hernia of the right side.

Presented by Dr. Müller.

8301. Indirect inguinal hernia; double.

Presented by Dr. Müller.

8302. 27. Hernia; direct and umbilical. The model is so made that the coverings of the hernia can be removed.

Presented by Dr. Müller.

8303. Femoral hernia.

Presented by Dr. Müller.

8304. Strangulated inguinal hernia.

Presented by Dr. Müller.

~~8305.~~

2954 / 214 / 1 — 8306. Inguinal hernia; scrotal. — original body — Cremated March, 1938 because of its state of deterioration and the fact that it had no value. G. H. H.

2955 / 219 / 1 — 8307. Post-mortem cast of the body of a negro who had for years an enormous scrotal hernia. The tumor hung between his legs and was so large that walking was very difficult. He was obliged to crouch, and with his two fore-arms and hands form a sling for the tumor, supporting it on his thighs. The patient suffered from difficulty in passing urine. Death occurred from tubercular peritonitis.

Presented by Dr. Müller.

It is a cast & on display

Cast of the original body #8306

1938 This was our "Ted Chinaman" Whiteman [illegible] and [illegible] the Council [illegible] the destruction Dr. J. Larson Schapper took it to the Jefferson medical College to be cremated. It was a real body and not a cast as the catalogue says. JMT.

N.B! compare well known case of the historian Gibbon —

G. Wel —

8308.00 Chinese Head. (Model)

Presented by Dr. Chas. D. Hart.

8402.00 Cast of right hand, left fist and right foot of Thomas Hare, Rochester, N.Y.

Born in Brooklyn July 24 1844 weight at birth seventeen or eighteen pounds. Weight 253 lbs. has weighed 267 lbs. Height (probably before curvature began) six feet three inches. Occupation machinist and engineer. Feet measure 11½ inches long (would have been half inch or an inch longer if properly cared for).

He was known while a boy for having the widest feet in the vicinity, and had always had very large hands and feet. His shoes are made by his brothers who are shoe makers. Gloves he never wears, because he finds none to fit. His sons and daughters have hands and feet of normal size. One son however wears No. 10 shoes. His own size of shoe he asserted to be 16 but as a matter of fact, had the breadth and thickness of his feet been proportionate to their length, No. 10 shoes would have covered them. Had been treated at Arkansas, Idaho, and Hot Springs for some form of rheumatism; spoke of the width of his hands having been induced by heavy lifting etc. in a foundry; he was ignorant of the cause of their abnormal growth.

In earlier life had been very muscular, and was still strong. The unusual size and development of his forarm and leg would seem to indicate the hypertrophy in this case was not confined to the extremities but had invaded not only the soft tissues but the bones of these parts. This view must be qualified as the subject combines with acromegaly, gigantism.

Measurements

Around the wrist 9 1/3 inches
Around the palm 12 ½ inches
Length of middle finger to metacarpo-phalangeal articulation 5 ½ inches
Breadth of hand across knuckles 6 ¼ inches
Breadth of right thumb nail (chord of arc) 7/8 inch
Breadth of right index finger nail 11/16 inch
Breadth of middle finger nail 3/4 inch
Breadth of fourth finger nail 5/8 inch
Breadth of right little finger nail 9/16 inch
Length of hand 9 inches
Breadth of foot 5 3/8 inches
Length of foot 11 ½ inches

He died suddenly at Rochester, in 1903.

8403. Cast of the left hand of a 232 cm. giant of the infantilism type.
Presented by Dr. Chas D. Humberd, Barnard, Missouri
May 15, 1939

8400. Elephantiasis of the leg (plaster).

Presented by Dr. Müller.

8400,5 Elephantiasis of the leg. Presented by Dr. John H. Brinton

8401. Elephantiasis of the leg. (plaster).

Presented by Dr. Müller.

8410. Missing Cicatricial contraction at the elbow.

8411. Cicatrix and contracture after burn of the arm and fore-arm; flexion of the fore-arm.

8412. Cicatrix and contracture after burn of the arm and fore-arm; flexion in the fore-arm.

8413. Cicatricial contracture of the fingers.

8414. Contracture of the fingers.

8415. Cicatricial contracture of the fingers after a burn.

8416. Contracture of the hand.

8417. Contracture of the hand.

8418. Contracture of the hand.

8419. Malformation of the hand, - absence of the hand.

8420. Malformation of the fingers.

8421. Malformation of the hand.

8422. Malformation of the hand and fingers.

8423. Malformation of the fingers.

8424. Malignant ulcer of the hand. From a man aet. 75 years, who underwent partial amputation of the hand, but died three months later from recurrence of malignant disease in stump.

Presented by Dr. Parrish.

8427. Atrophy of the arm.

8428. Plaster cast of hands showing Leprosy. Museum

Elephantiasis Graecorum.

These casts were taken from a native of Cuba who died in Philadelphia October 29, 1872. The roughnesses and irregularities seen on the casts mark the location of ulcers, crusts and cicatrices. The ends of the fingers show destruction of tissue. The patient became almost blind from adhesion of the eyelids to the eyeball, due to the disease. Death occurred from extension of the disease to the larynx and epiglottis.

See Photographic Review of Medicine and Surgery, Vol. 1, No. 6, Aug. 1871; also, Trans. Path. Soc'y., Phila., Vol. IX, p. 152, 1884.

Presented by D. A. C. W. Beecher.

8429. Chinese woman's foot; deformity from bandaging (actual specimen). The oscalcis and metacarpal bones are approximated, converting the arch of the foot into an acute angle. The oscalcis is brought into a line with the tibia. These results are produced by the use of the bandage alone, constantly applied from about the child's sixth year.

This specimen was brought to Dr. Kerr by a patient in the Medical Missionary Society's Hospital, in 1874; the feet had mortified from

cold, separated spontaneously. The patient had preserved them in lime, and wished to have them put on again; and when she found it could not be done she was persuaded to give them to Dr. Kerr. The other foot was given to an officer of the H. M. S. Challenger, and was taken to England.

Presented by Dr. J. G. Kerr, Canton, China.

8429. 5. No. 16. Cast of a small foot of a girl about 14 years old. This was taken at the Medical Missionary Society's Hospital, Canton, China. It shows the form of the foot, which has been well bound and brought to the fashionable size and shape. Very few feet are smaller than this cast.

Presented by Dr. Kerr.

8429. 6. 17. Cast of a small foot at the Medical Missionary Society's Hospital, Canton, China, in 1876, by G. O. Rogers DD.S., of Hong Kong, and Dr. Kerr. It shows the size and shape of the small foot, when incompletely bound, and is the size usually found in laboring women, or the poorer classes. The toes are comepletely turned under the bottom of the foot, but the oscalcis and the metatarsal bones have not been brought together.

Presented by Dr. J. G. Kerr, Canton, China.

8430. Chinese woman's foot.

Presented by Dr. Kerr.

8431. Chinese woman's foot.

Presented by Dr. Kerr.

8432. Chinese woman's foot.

Presented by Dr. Kerr.

8433. Chinese woman's foot.

Presented by Dr. Kerr.

8434. Chinese woman's foot.

Presented by Dr. Kerr.

8435. Verticle sections of the Brain (model)
By William Fuller, M.D.
Section 13-Shelf-6

8500.5 Talipes varus; right. Presented by Dr John H. Brinton

8501.5 Talipes varus; left Presented by Dr John H. Brinton

8502.5 Talipes varus; right. Presented by Dr John H. Brinton

8503.5 Talipes varus; left. Presented by Dr. John H. Brinton

8504.5 Talipes varus; right. Presented by Dr John H. Brinton

8505.5 Talipes varus; right. Presented by Dr John H. Brinton

8506.5 Talipes varus; right. Presented by Dr John H. Brinton

8507.5 Talipes varus; right. Presented by Dr John H. Brinton

8508.5 Talipes varus; left. Presented by Dr John H. Brinton

8509.5 Talipes varus; left Presented by Dr. John H. Brinton

8510.5 Talipes varus; right. Presented by Dr John H. Brinton

8511.5 Talipes varus; left Presented by Dr. John H. Brinton

8512.5 Talipes varus; left. Presented by Dr. John H. Brinton

8513.5 Talipes varus; left. Presented by Dr John H. Brinton

8514.5 Talipes varus; left. Presented by Dr John H. Brinton

8515.5 Talipes varus; left Presented by Dr. John H. Brinton

8516.5 Talipes varus; left. Presented by Dr John H. Brinton

8517.5 Talipes varus; right Presented by Dr John H. Brinton

8500. Model of bones of the leg and foot of an infant; talipes varus.

Presented by Dr. Müller.

8500.5 Talipes varus; right. Presented by Dr John H. Brinton

8501. Talipes varus; infantile.

Presented by Dr. Müller.

8501.5 Talipes varus; left Presented by Dr. John H. Brinton.

8502. Talipes varus; infantile.

Presented by Dr. Müller.

8502.5 Talipes varus; right. Presented by Dr. John H. Brinton

8503. Talipes varus; adult. " " Dr. Mütter

8503.5 Talipes varus; left. Presented by Dr. John H. Brinton

8504. Talipes varus; adult. " " Dr. Mütter

8504.5 Talipes varus; right. Presented by Dr. John H. Brinton

8505. Talipes varus. " " Dr. Mütter.

8505.5 Talipes varus; right. Presented by Dr. John H. Brinton

8506. Talipes varus.

8506.5 Talipes varus; right. Presented by Dr. John H. Brinton.

8507. Talipes varus.

8507.5 Talipes varus; right. Presented by Dr. John H. Brinton.

8508. Talipes varus.

8508.5 Talipes varus; left. Presented by Dr. John H. Brinton

8509. Talipes varus.

8509.5 Talipes varus; left. Presented by Dr. John H. Brinton

8510. Talipes varus.

8510.5 Talipes varus; right. Presented by Dr. John H. Brinton.

8511. Talipes varus.

8511.5 Talipes varus; left. Presented by Dr. John H. Brinton

8512. Talipes varus; infantile; extreme.

8512.5 Talipes varus; left. Presented by Dr. John H. Brinton.

8513. Talipes varus.

8513.5 Talipes varus; left. Presented by Dr. John H. Brinton

8514. Talipes varus.

8514.5 Talipes varus; left. Presented by Dr. John H. Brinton.

8515. Talipes varus; foot resting on the astragalus.

8515.5 Talipes varus; left Presented by Dr. John H. Brinton.

8516. Talipes varus; foot resting on the the astragalus.

8516.5 Talipes varus; left. Presented by Dr. John H. Brinton.

8517. Talipes varus; extreme. The weight is supported on the dorsum of the foot.

8517.5 Talipes varus; right Presented by Dr. John H. Brinton.

8518. Talipes varus.

8519. Tha same, after operation.

~~8520.~~

8521. Talipes varus; extreme. The weight is supported on the dorsum of the foot.

8521. 5. The same, after treatment.

8522. Talipes varus.

8523. Talipes varus calcaneous.

8524. Talipes varus; slight.

8525. Talipes varus, corresponding to 52.

8526. Talipes varus.

8527. Talipes varus.

8528. Talipes varus.

8529. Talipes varus; extreme.

8530. Talipes varus.

8531. Talipes varus.

8532. Talipes varus.

8533. Talipes varus.

8534. Talipes varus.

8535. Talipes varus; extreme.

8536. Talipes varus.

8537. Talipes varus; slight.

8538. Talipes varus; extreme.

8539. The same, after treatment.

8540. Talipes varus.

8541. Talipes varus.

8542. Talipes varus.

8545. Talipes valgus in a child from bone softening.

8550. Talipes valgus; right.

8551. Talipes valgus; left.

8552. Talipes valgus; right.

8555. Talipes valgus; slight; right side.

8556. Talipes valgus; deformity of the toes; right.

8557. Talipes valgus; right. Presented by Dr. John H. Brinton.

8569. Normal foot. Presented by Dr. John H. Brinton.

8570. Normal foot resting on the ball of the foot.

8571. Talipes equinus.

8572. Talipes equino-varus.

8573. Talipes equino-varus; after treatment.

8574. " " " " "

8575. Talipes equinus.

8576. Talipes equinus.

8577. Talipes equinus.

8578. Talipes equinus.

8579. Talipes equinus.

8580. Talipes equinus; and talipes varus.

8581. Talipes equinus.

8582. Talipes equino-varus.

8583. Varus. Case of Edward Griffin; operated upon by Dr. J. Cheston Mossis, January, 1865. Presented by Dr. Morris.

8590. Talipes calcaneus.

8591. Talipes calcaneus. Presented by Dr. A. S. Roberts.

8592. Talipes calcaneus; right. Presented by Dr. John H. Brinton.

8593. Talipes calcaneus; left. Presented by Dr. John H. Brinton.

8584. Talipes equinus; right Presented by Dr. John H. Brinton

8585. " " left " " " " " "

8586 " " " " " " " "

Injuries and Diseases of the Bones.

8600. Depressed fracture of the skull.

8601. Fracture of the left clavicle; depression of the fragments; union with deformity.

8602. Fracture of the clavicle; deformity. The cast was taken to show union with upward displacement of the fragments.

~~8602. The same.~~

8603. Anterior angular deformity of the arm, after fracture.

8604. Deformity of the elbow-joint.

8604.A. Deformity of elbow-joint Plaster Model.

8605. Deformity of the elbow, after fracture.

8606. Deformity of the fore-arm; the result of exfoliation after compound fracture, and loss of the lower radial epiphysis; normal growth of ulna. Case of Wm. R. When 7 years fell from a scaffolding 25 feet, causing a compound fracture of both bones of the fore-arm. He was treated by a "bone-setter" without relief, and afterward by several surgeons. One year after the injury the external wounds healed. He retained at the age of 30 years the use and strength of the thumb, but cannot flex the fingers to any extent. The latter are not fully developed. He has very little, if any, power over the wrist movement. Motion at the elbow perfect. He can lift 56 pounds with the hand, without difficulty. The hand is forced to the extreme radial side.

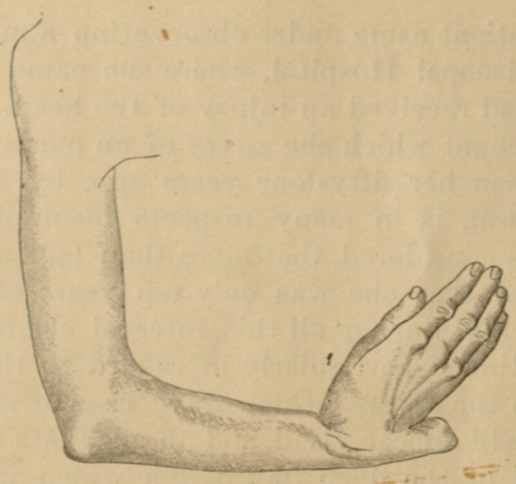
Presented by Dr. John Ashhurst, Jr.

8607. Deformity of the fore-arm; 54 years after resection of the radius.

Presented by Dr. W. Barton Hopkins.

She says that when she was ten years of age she

was taken in the spring or early summer to the Pennsylvania Hospital for a disease of the forearm, which, it was thought, followed a sprain of the wrist. After remaining for some time in the house she was operated upon. Dr. Barton placed her arm upon a table, and, with an instrument which cut at both ends, made an incision, and by scraping and cutting removed a long piece of bone full of small holes like a honey-comb, and containing a large cavity in its centre. He told the students present at the operation that he did not expect new bone to form, but that a gristle-like substance would take its place. He was assisted by the Resident Physicians, Drs. James A. Washington and George Fox. She remained in the hospital until the autumn, and in a few months after her discharge regained to a great extent the use of her hand.



The growth of the sound bones has been comparatively little arrested, this being evidence that active work was performed by the hand during the growing years which succeeded the operation. The humeri are of the same length. The right ulna is one-and-a-quarter inches shorter than the left. Part of this difference must be accounted for, however, by the absence of the styloid process, and part may also be due to a somewhat deficient development of the whole lower epiphysis in length—though not in breadth—as it is full and broad.

From measurements made of the ulna in connection with this case, the average length of the bone in females at the age of ten years is about seven-and-a-half inches. In this case it is ten-and-a-quarter inches upon the left side, and nine upon the right. The difference in the circumference in the middle of the arms is three-quarters of an inch; in the middle of the forearms, two inches; and of the hands, one inch; all in favor of the left or sound side.

The hand is set in an everted position well up the forearm, the tip of the middle finger being four inches and a quarter nearer the elbow than upon the left side. Although thus distorted, and so loosely attached that it can be brought at right angles with the line of the ulna, it is remarkably strong, and with it she is capable of executing almost any movement.

8607.10 a. Uninjured arm

b. Fracture of the lower end of the radius with forward displacement. See Transactions of the American Surgical Association, 1896 Case #2 14:614-615

Presented by Dr John B. Roberts.

8607.20. Fracture of the lower end of the Radius with forward displacement of the Carpal fragment. Original in Museum of the R.C.S. Ireland. See paper by donor in Transactions of the American Surgical Association. 1896.

Presented by Dr J.B. Roberts.

8607.24 missing Fracture of the lower end of the radius with forward displacement of the carpal fragment. Displacement also lateral. Original Specimen in Museum R.C.S.I. See Transactions American Surgical Assn. Paper by Dr Roberts. Spec. #19. 14:641

Presented by Dr Roberts.

8607.30. Fracture of lower end of radius with anterior displacement. Patient of Dr. Thos Bratson of Glasgow. Scotland woman 46 years. Fell from bicycle. Fracture was unreduced when seen by Dr. Bratson and was a year old.

Deposited by Dr. J.B. Roberts.

8608. missing Deformity of the fore-arm in a young person. The hand is adducted; the ulna is very prominent; sinuses evidently existed over the middle and lower end of the radius. The deformity was probably consequent on epiphyseal injury of the lower end of the radius.

8609. Deformity of the fore-arm after fracture of both bones. There is extreme angular deformity on the ulnar side.

8610. missing Deformity of hand. An intra-uterine? partial amputation of the third and fourth fingers by a constricting band near the metacarpal joint. The two fingers were adherent. The growth of the bone was not interfered with. Case of Edward Griffin (see specimen 98).

Presented by Dr. J. Cheston Morris.

8611. Deformity after fracture at the wrist; prominence of the ulna.

8612. Deformity after fracture at the wrist.

8613. Deformity after fracture at the wrist.

8614. Deformity after fracture at the wrist.

8615. Deformity after fracture at the wrist.

8616. Deformity after fracture at the wrist.

8617. Luxation of the metacarpal bone of the thumb.

8620. missing Pelvis and upper extremities of the femurs; extensive arthritis, with hyperstoses and exostosis.

missing ? 8621. Fracture of the tibia. Presented by Dr. John H. Brinton.

Storeroom middle case Shelf 3 8622. Fracture of the ribs. " " " " " "

8623. Fracture of the femur. " " " " " "

8624. missing Fracture of the clavicle " " " " " "

8625. " " " " " " " " " " " "

8626. missing " " " " " " " " " " " "

8627. Storeroom middle case shelf 3 " " " " " " " " " " " "

8628. Fracture of the neck of the femur
Presented by Dr. John H. Brinton.

8629. Fracture of the condyle of the femur
Presented by Dr. John H. Brinton.

8630. Fracture of the neck of the femur.
Presented by Dr. John H. Brinton.

8631. Fracture of the femur. " " " " " "

8632. Fracture of the femur. Union in bad position.
Presented by Dr. John H. Brinton.

8633. Fracture of the femur " " " " " "

8634. Fracture of the femur " " " " " "

8635. " " " " " " " " " " "

123 - 126. Series of 20 pelves, with deformity.

C. C. = Cellar Case.

8700. Missing. Fracture of the patella. From a case in Jefferson College Hospital.

8701. Disease of the knee-joint; flexion. Cellar Case 5-2

8702. Disease of the knee and ankle-joints. Cellar Case 5-3

8703. Knee-joint disease; consecutive luxation. Cellar Case 5-3

8704. Deformity of the knee. C.C. 5-3

8705. Deformity of the knee; curvature of the leg. C.C. 5-2

8706. Deformity of the knee and foot; anchylosis; talipes valgus. Cellar Case 6-5.

8707. Arthritis of the knee. C C 5-5.

8708. Missing. Arthritis of the knee.

8709. Arthritis of the knee, sinuses. C.C. 5-4

8710. Arthritis of the knee. C.C. 5-3

8711. Disease of the knee-joint. C. C. 6-5.

8711.5 Missing. Disease of the knee-joint.

8712. Missing. Genu valgum.

8713. Missing. Genu valgum.

8714. Missing. Genu valgum.

8715. Curvature of the leg. C.C. 5-3

8716. Curvature of the leg; rickets. C.C. 5-4

8717. Deformity of the leg. C.C. 5-4

8718. Deformity of the leg, after dislocation of the astragalus inward, with fracture of the patella. From the collection of Prof. N. R. Smith, Baltimore. Moulded by W. R. S. Presented by Dr. Miller. Sec. 85 Shelf 6

8719. United fracture of the leg. C.C. 5-5

8720. Anterior angular deformity of the leg, after fracture. Sec 96 - Shelf 6

8720.1 Deformity after luxation at ankle-joint (2 casts) Presented by Dr. W. B. Hopkins. C.C. 5-5

8757. 4 Model of Tumor of the Femur -
2870 207 3 C.C. 6-1

8756 4 Cast showing deformity of wrist.
2886 207 4 C.C. 6-1

8758 4 Plaster Cast ~~Showing tumor below left ear~~
2887 207 4. C.C. 6-1

8752. 4 Cast of a New growth on the
2913. 210 1. ~~Ankle~~ Hand. C.C. 6-2

8753. 4 New growth of Hand.
2921 211 1 C.C. 6-2

8754. Exostosis, Hand
2922 211 1.

8755 4 Tumor involving R thumb.
2945 213 2 C.C. 6-1

8763. Spina Bifida Plaster Model

C.C. = Cellar Case

2899 208 4 missing 8721. Anterior angular deformity of the leg, after fracture.

2909 209 4. 8722. 4 Anterior angular deformity of the leg, after fracture. Sec. 86-sh-6

2910 209 4. 8723. 4 Deformity of the leg and foot; probably after fracture. Sec. 86-shelf 6.

2885 207 4 8724. missing Deformity of Potts fracture; recent.

2889 208 1 8726. 4 Deformity of the foot. C. C. 6-1

2890 208 1 8727. 4 Deformity of the leg and foot. C. C. 6-1

2891 208 1 8728. 4 Deformity of the leg and foot. C.C. 6-1

2892 208 1 8729. 160. Oedema of the leg and foot. 94A-3

8740. missing Spinal curvature; lateral.

8741. missing Spinal curvature; lateral. Model

Case of Melanosis.

8761- The knee-joint was found much swollen and distended with fluid; the glands of the groin were enlarged and softened. The lungs were studded with malanotic masses; the right lung was hepatized. The peritoneum had numerous melanotic bodies attached by pedicles, and varying in size from a pin's head to that of a cherry; they contained a black fluid. The liver, spleen, kidneys and heart presented no unusual appearance. The inguinal glands contained a melanotic deposit, and so did a neighboring abscess.

Destroyed Specimen broken

See Amer. Jour. Med. Sci., 20: 266 May, 1837.

Presented by Dr. Isaac Parrish.

8762. missing Tumor of the neck.

8764. 4 Enormous tumor of the antrum.

2869. 206 2 2887. 207 4.

8765. - Hernia cerebri. (model) 2869 206 2

8766. missing Hernia cerebri.

8767. Hydrocephalus. Cast of the head of James Cardinal, born at Coggeshall, Essex. Died 1825, aet. 29; see Bright's Medical Reports, Vol. ~~III.~~ II Part 1 Pg. #31

8768. Hydrocephalus. The head is of fair proportion, but of enormous size in comparison with the body. The circumference at the crown as 82 cm.

missing

Case of C.E., aet. 28 years. The subject was 1.68 meters (5 ft. 6 in.) high. He was never able to stand or sit, but was obliged to lie on his back; he could not turn himself in bed. After death the skull was found to vary from 6 to 26 mm. in thickness. There was complete ossification of the cranium. The brain weighed 512 gms. (16 oz.). The remaining space was filled with fluid.

From a case of Dr. Percival EL Loders. Purchased.

8780. missing Cast of a case of Medullary Cancer of the shoulder.

This was developed from the clavicle of a girl aet. 14, and reached its gigantic size within a few months. It was of the medullary variety, and to the last showed but little tendency to ulcerate. The patient died worn out by the disease, and cancerous deposits of a similar character to those of the larg tumor were found in the lungs.

She had a very singular redundancy of the skin, with hypertrophy of its tissue on the right arm, making a hanging sort of bag of thickened, discolored skin,

~~8781 Tumor of the Shoulder.~~ ?
~~2940~~
213
4.

8781.1
2940
213
4
4

Tumor below Lef Ear Cast

8788.5 Model. Tumor of the face.

8788.51 - Model.

with numerous strong hairs growing upon it. This was present a year before her death, when the tumor of the clavicle had scarcely begun to show itself. From Dr. Geo. L. Peabody, Curator of the Pathological Museum, N. Y. Hospital; Catalogue N.Y. Hospital Museum, No. 92, p. 65.

2932 213 ~~212~~ ~~4~~ 8781. Tumor of the shoulder.

2901 209 2 8782. Tumor of the groin. Cellar Case 6-2

2953 216 ~~214~~ 4 8783. missing Tumor of the groin; sarcoma - amputation at the hip was performed in Paris. Death.

missing? gw 3/16/84

2902 209 2 8786. Tumor of the buttock. ~~C.C. 6-2.~~

2943 ~~2942~~ 4212 8787. missing not missing - plaster model in museum definitely this no. gw 3/16/84 Tumor of the buttock.

2914 210 2 8788. 4. Tumor of the scrotum; Chinese figure.

2915 210 2 8789. 5. Oedema of the scrotum; paraphimosis.

8793. missing Pericanalicular fibroma of the breast. From a lady aet. 27; under the care of Dr. S. W. Gross.

8794. missing Carcinoma of the breast.

From Mrs. J., a patient of Dr. W. H. Pancoast, 1-1880, Jeff. Med. Coll. Hosp'l. Purchased.

8795. missing Scirrhus cancer; ulcerated.

Case of Mrs. D., a patient of Dr. S. W. Gross, Dec., 1879. Jeff. Med. Coll. Hosp'l. Purchased.

8796. missing Carcinoma of the breast; ulcerated.

Mrs. P., aet. 54, mother of 7 children; ceased to menstruate at 48. No history of heredity or trauma. First perceived 21 months previous, as a lump of the size of a small marble upon the outer and lower side of the nipple. Growth slow for one year, but rapid for last six months. During the

last three months the skin about 18 mm. from nipple became discolored to extent of a five cent piece, and at its site there is a violaceous, elastic tuber as large as a walnut; nipple retracted. General health excellent. The tumor is mobile on the chest, and the glands of the axilla are not enlarged. Microscopic examination by Dr. S. W. Gross simple carcinoma, i.e., about an equal amount of strumas and collections of cells, the latter being in a state of advanced fatty degeneration.

8797. Scirrhus carcinoma.

missing Mrs. S.; aet. 45; one child, menstruation regular. No history of heredity or trauma. General health excellent. 8 months previous attention called, by itching of tumor of volume of walnut, at upper end of axillary border of gland. In one month, sharp, cutting pains. Three months previous skin became adherent and of a violaceous tint; pain more frequent and severe. Tumor mobile on chest; nipple and axillary gland normal; skin adherent only where discolored. Entire mamma, with its skin and fat, and pectoral fascia, amputated by Dr. S.W. Gross, leaving a wound as large as a supper plate. Cicatrization perfect in ten weeks - Sept. 6, 1879- May 25th, 1880. No return of disease.

From a patient of Dr. S. W. Gross.

8798. Scirrhus carcinoma of the breast.

missing Service of Dr. S. D. Gross, Jeff. Med. Coll. Hosp. Mrs. W., aet. 71; 2 children; ceased to menstruate at 54. No history of antecedents, except a

blow three months previously. General health apparently good, but very fat. Began as a small lump three years ago, above and internal to nipple, and attention was first drawn to it by lancinating pains. For first six months freely mobile under skin, and then became attached. The redness of the tuber began seven months ago. Nipple retracted. Growth rapid during first four months, and produced great discomfort by its bulk and weight. Marked elasticity over the discolored tuber, but tumor firm elsewhere, although not so hard as scirrhus. Entire breast removed by Dr. S. W. Gross 10, 8, '79, along with a large mass of indurated and enlarged axillary gland, and large extent of the involved pectoral muscles.

Microscopic examination by Dr. S. W. Gross discovered simple carcinoma, i.e. an equal proportion of stromal and cellular constituents.

8799. Scirrhus cancer of the breast.

Boston Med. & Surg. Jour., Vol. 102, p. 289.

8801. ✓ Missing Atrophying scirrhus cancer of the breast; of 20 years duration.

Mrs. K., aet. 75; one child; menstruation ceased at 50. Twenty years ago fell into a cellar and struck her breast; and shortly afterward perceived a hard, movable lump, which was attended with stinging pain. In course of time the nipple became retracted, the tumor became fixed to chest, and there was superficial ulceration, with abundant fetid discharge, and breast diminished in size. The ulcer was the seat of repeated, though slight, hemorrhage. The appearance of the tumor was preceded by exzema of nipple. No history of heredity. No cachexia; but slight cough and mucous expectoration. Right arm and shoulder (encysted) and veins prominent; but no enlarged glands could be detected.

Dec. 10, 1879; service of Dr. S.W. Gross; Jeff. Med. Coll. Hosp. Purchased.

8802. ✓ Missing Myeloid sarcoma of the head of the tibia.

[illegible]. From Kate S., aet. 20. About three years previous she fell on cobble stones, striking her knee; the blow, however, was not a severe one. Subsequent to this fall she experienced a sense of weakness in the joint, but never noticed any swelling until about a year afterwards, when the tumor made its appearance just below the lower border of the patella. It increased in size slowly at first, but after striking the knee a second time its growth became more rapid. During damp weather the growth was the seat of sharp shooting pains, but generally

it was painless. There was some heat in the swelling, but no redness. Not much pain on pressure. The patient could flex the leg on the thigh, but could extend it only very slightly. No tendency to ulceration; never any hemorrhage. No hereditary tendency discoverable, except that a brother had a small growth of some kind on the back for two or three years.

The patient's general health was comparatively unimpaired, although her cheeks had a high febrile flush.

2948 214 4 — 8804. Osteo-sarcoma of the head of the tibia.

8805. Osteo-sarcoma of the lower end of the femur.

2451 215 4

The femur has been softened, and its continuity broken. A section has been made vertically, showing cavities filled with clotted blood.

Made by Thibert, Paris. Purchased.

8806. missing

2952 215 4 — Large tumor (probably sarcoma) of the thigh.

From a case in which amputation was performed by M. Roux at the Hotel Dieu, Paris. The patient died a few days after the operation.

Made by Thibert,- purchased.

2929 212 3 — 8808. Stricture of the oesophagus.

8809. Cancer of the pyloric end of the stomach.

2949 215 2 3

Made by Thibert.

2950 216 2 — 8810. Cancer of the cardiac end of the stomach.

Made by Thibert.

2930 212 3 — 8812. Heart and pericardium.

2936 213 3 — 8813. Heart and pericardium.

2937 213 3 — 8814. Heart laid open.

8809.5 missing

2931 212 3 Cancer of the pyloric end of Stomach?

8815. Kidney laid open.

2938
213
3

8820. missing Calculi in the female bladder.

8830. 4 Aneurism of the brachial artery at its bi-
2934
213
1. furcation.

8833. Aneurism of the orbit by an anastomosis. Pul-
2928
212
2. sating exophthalmos. Spontaneous cure.

Trans. Internat'l. Medical Congress, 1876. See page 971
15805 photo #29-Sec. 77-Dr. A-1
~~15050~~ (Photograph). Presented by Dr. Geo. C. Har-
lan. passion

8834 } Aneurism of the arch of the aorta. Presented by Dr. J. B. Shober.
8835 } 2 Casts Elizabeth Bell - Colored - Howard Hosp
Oct-4-1894

2939. 8840. 4 Varicose veins of the hand.
213
3

2944 8841. 4 Varicose veins of the leg.
214
1

8845. missing Hemorrhoids.

8850. missing Hydatid cysts of the liver; rupture of the parenchyma.

From a case of Dr. James R. Woods, N.Y. Pur-
chased.

2926 8860. 4 Stump; amputation of the arm.
214
2

2931 8861. " " " " fore-arm.
214
2

~~214~~ 2933 8862. 4 " " at the ankle.
214
2

2946 8863. 4 " " " " "
214
2

8864. " " of the foot (Chopart).

8865. 4 Stump; amputation at the ankle.
Presented by Dr. John H. Brinton.

8866 † Stump; amputation below the knee.
Presented by Dr. John H. Brinton.

2935 8870. 4 Stump of double amputation; ankle and foot.
213
2 Presented by Dr. Miller

8867. 4 Stump; amputation below the knee. Presented by Dr. John H. Brinton.
8868. 4 " " " " " " " " " " " "
8869. " " at middle between ankle and knee.
Presented by Dr. John H. Brinton.
8871. 4 Leg; amputation of phalanges. " " " " " "
8872. 4 Arm; " " hand. " " " " " "
8873 4 Stump amputation below the knee. " " " " " "

WAX REPRESENTATIONS OF EYE DISEASES, ETC.

----------O----------

Case - A

9201- #1

9202- #2 Melanotic tumor of upper eyelid-becoming fungoid.

9203-#3 Chalazion(Meibomian cyst)of lower lid-pointing toward cutaneous surface

9204-#3b Chalazion do do- pointing towards conjunctival surface

9205-#4 Cancerous ulceration of eyelid and brow.

9206-#5 Fungoid cancerous tumor of the eyelids with adhesions to the eyeball

9207-#6 Indurated syphilitic ulcer of lower eyelid near inner canthus

9208-#7 ~~Syphilitic cancer~~ Naevus.

9209-#8 Epiphora - lachrymal obstruction with muco-purulent secretion

9210-#9 Exophthalmos due to carcinoma of the lachrymal gland

9211 -#10 Lachrymal tumore- obstruction of duct and blenorrhoea of the sac

9212-#11 Fistula of the lachrymal sac.

9213-#12 Abscess of (lachrymal sac. lower lid at inner canthus-perhaps involving the canaliculus)

9214-#13 Abscess of the lachrymal sac discharging externally

9215- #14 Polypoid tumor (at inner canthus arising of the caruncle. from the caruncle)

9216 #15 (Phy denic ulcer of eyelid and nose, apparently involving the lachrymal sac) Gummatous ulcer.

9217 #16 Coloration of the eye in jaundice

9218 #17 Phlyctenular (Strumous) conjunctivitis - phlyctenule in pustular stage

9219 #18 Catarrhal (?) conjunctivitis - a typical- apparently chronic granular conjunctivitis

9220- #19 (Herpetic conjunctivitis - conjunctiva studded with vessicles) Parinaud's Conjunctivitis

~~9221~~ #20 ~~Herpetic conjunctiva~~

Case - B

9222- #1 Purulent conjunctivitis-profuse muco-purulent discharge

9223- #2 " " lids everted showing the succulent conjunctiva and some corneal involvement

9224- #3 " "- cornea ulcerated and collapsed

9225- #4 Pannus-vascular cornea, the result of granular lids

9226- #5 Pterygium - conjunctival ~~in~~growth upon the cornea

9227- #6 Opaline syphilitic papules of the conjunctiva

Inflammation of tissues overlying the sclera

9228- #7 Episcleritis -(Scleritis Sclerotitis) same

9229- #8 Purulent conjunctivitis of newborn infant

9230- #9 Circumcorneal injection(beginning iritis-rheumatic)

9231 #10, Black pigmented spots. presumably powder deposits.

9232- #11 Papilloma of conjunctiva -malignant

9233- #12 Melanotic sarcoma of ciliary region

9234- #13 Interstial keratitis - specific

9235- #14 Punctate keratitis - serous iritis

9236- #15 Suppurative Keratitis -ulcer of cornea

9237- #16 Perforating corneal ulcer

9238- #17 Foreign body imbedded in cornea -chip of iron —

9239- #18 Penetration of eyeball by splinter of wood

9240- #19 (Corneal abscesses) Keratitis posterior

9241- #20 (Corneal abscesses -deep lying) Keratocele of Descemet's Membrane.

9242

Case C

9242- #1 Luxation of Crystalline lens. (Hernia of vitreous humor into anterior chamber)

9243- #2 Anterior polar cataract (calcified)

9244- #3 Incipient cataract

9245- #4 Cataracta nigra

9246- #5 Chalky cataract

9247- #6 Nuclear cataract -soft

9248- #7 Incipient (stellate) soft cataract

9249- #8 Punctate (capsular cataract) disseminate cataract

9250- #9 Morganian cataract lower ripe with fluid lenticular

9251- #10 Anterior capsular cataract

9252- #11 Posterior capsular cataract

9253- #12 Pyramidal cataract - ant. polar (congenital)

9254- #13 Limited staphyloma of the cornea and dislocation of the lens (glaucomatous)

9255- #14 Purulent cataract-occlusion of pupil by yellowish lymph on ant. capsule

9256- #15 Haemorrhagic cataract

9257- #16 Convergent strabismus (child)

9258- #17 (Collapse of cornea) Atrophy of globe

9259- #18 Protrusion of eyeball (Hydrophthalmos)

9260- #19 ~~Cyclitis~~ Scleritis, (Complicated with retinitis)

9261- #20 Strabismus divergens.

Case D

9262 #1 Polypus - developed in maxillary sinus.

9263 #2 Tumor of the orbit.

9264 #3 Cancer (Dr. Pean).

9265 #4 Polypus - developed in the nasal fossa. Pushed eye out of orbit.

9266 #5 Ankyloblepharon.

9267 #6 "Phimosis."

9268 #7 Epicanthus.

9299.1
~~9300.~~ #19 - Permanent Contraction of the pupil
9299.2
~~9301~~ #20 - Morbid dilatation of the pupil, presumably glaucoma;

9269 #8 Ectropion ~~Eversion of Eyelids~~ presumably after abscess of lid
9270 #9 Ptosis - Blepharoptosis (~~Drooping of an eyelid~~)
9271 #10 Ectropion - inferior eyelid
9272 #11 Ectropion - both eyelids.
9273 #12 Enstropion ~~Inversion of eyelid~~ the
9274 #13 Trichiasis - ~~ingrowing eyelashes~~
9275 #14 Blepharitis, ciliaris - ~~inflammation of the eyelid~~
9276 #15 Inflammation of the eyelids.
9277 #16 Charbon - malignent pustule
9278 #17 Gangrene.
9279 #18 Meibomian Cyst
9280 #19 Ecchymosis with hyphemia ~~Hemorrhage within the eye~~
9281 #20 Verruca - a wart.

Case E.
9282 - #1 Iritis from wound of Cornea.
9283 - #2 Serous cyst of anterior chamber.
9284 - #3 - Dropsy of the anterior chamber.
9285 - #4 - Keratoconus
9286 - #5 - Pus in the anterior chamber of the eye.
9287 - #6 - Staphyloma
9288 - #7 - Arcus senilis
9289 - #8 - Keratitis profunda
9290 - #9 - Leukoma
9291 - #10 - Corneal leukoma
9292 - #11 - Acute iritis
9293 - #12 - ~~Syphilitic Condyloma~~ of iris
9294 - #13 - Multiple perforation of the iris
9295 - #14 - Prolapse of iris
9296 - #15 - Synechia - anterior iris
9297 - #16 - Posterior synechia - Adhesion of the iris to the Capsule of the lens.
9298 - #17 - Anterior synechia - Adhesion of the iris to the cornea.
- #18 - Prolapse of the iris

These 43 models cannot be located.

MODELS OF VENEREAL DISEASES, ETC.

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9300 Penis injected; erosion preparation

9301 Balanitis
Mucous papules and pustules on the glans

9302 Balanitis
Partial formation of syphilitic roseola over the gland with acute inflammation of the mucous membrane of the prepuce; constitutional symptoms

9303 Soft chancre
Edges sharply cut; slight discharge; located near the fraenum

9304 Soft chancres
There is inflammation of the mucous membrane. The e chancres are situated at the neck of the glans and have sharply cut edges

9305 Phimosis and syphilitic ulceration

9306 Phimosis and balanitis; engorgement of the prepuce.

9307 Paraphimosis

9308 Serpiginous phagedena of the glans

9309 Multiple ulceration at the base of the glans
Paraphimosis

9310 Syphilitic ulceration
Perforation of the urethra near the base of the glans penis at the fraenum.
Paraphimosis inflammation and ordema of the gland.

9311 Syphilitic ulceration ; paraphimosis

9312 Syphilitic ulceration
There is phimosis and a muco-purulent discharge from the urethra
There is considerable oedematous engorgement and inflammation of the skin of the prepuce

9313 Syphilitic vegetations of the glans

There is erosion of the border of the prepuce with induration

9314 Secondary syphilitic ulceration
There are ulcers of the skin of the prepuce and engorgement with syphilitic roseola.

9315 Serpiginous phagedena; balanitis
The ulceration is of slight extent, is sharply defined and is situated at the meatus.

9316 Soft chancre of the meatus urinarius

9317 Soft chancres; multiple; balanitis; eczema.

9318 Hard chancre
The chancre is in the prepuce; it is hard as cartilage; perfectly circumscribed. From a case of constitutional syphilis

9319 Secondary syphilitic ulceration
From a case of constitutional syphilis

9320 Syphilitic ulcertaion; balano-posthitis

9321 Gleet

9322 Blenorrhagia, phlegmon
There is ulceration at the meatus; suppurative lymphangitis and adenitis (bubo)phlegmonous abscess and ulceration

below the glans.

9323 Gonorrhoea; chordel

9324 Vesiculo-pustular syphilitic eruption; "syphilitis ecthyma".
There is general inflammation of the skin of the penis with phimosis and ulceration of the scrotum.

9325 Bubo; ulcerated.

9326 Venereal warts

9327 Venereal warts; phimosis; ulceration.

9328 Venereal warts.

9330 Phagedena of the vulva
There is ulceration of the right labium majus; the edges of the ulcer are sharply cut.

9331 Buboes; mucous patches; venereal warts of the vulva.

9332 Syphilitic ulceration; phagedena; inflammation of the external genitals

9333 Mucous patches of the vulva; papular and pustular syphilitic eruption.

9334 Vesiculo squamous syphilitic eruption.
The anterior abdomen and thighs of a woman. From a case in the care of Dr. Devergie.

9335 General papulo-squamous eruption.
The back, the buttocks and thighs of a woman.
From a case of Dr. Devergie

9340 Hermaphrodite
Enlarged labium majus and clitoris

9350 Cancer of the glans penis

9351 Cancer of the corona of the penis

9352 Cancer of the glans penis

9353 The same; longitudinal section

9354 Cancer of the testicle

9355 Cancer of the testicle; section

9356 Cancer of the groin
The tumor is enormous; the superficial veins are engorged; it is probably scirrhus

9357. Microscopic slides - Case 77 - Closet E.

9358 - This number formerly belonged to Microscopic slides from the Philadelphia Central Bureau of Tumors (8 packages). Stored in the Mütter Museum for a time and later (Jan. 22, 1940) transferred to the U.S. Army Medical Museum, Washington, D.C.

9359. Miscellaneous Collection of ten Boxes of Microscopic slides.

9360 - Microscopic sections prepared at the Pathological Laboratory of the University of Pennsylvania, of cases reported in paper, "An Expiscation of Acute Delirium," published in "American Journal of Medical Sciences, April 1895 109: 361-379
Presented to the Mütter Museum by H. C. Wood, M.D.

Egg-Case 77

023 Model showing the development of the Embryo

1090
2860
201
4.

✓ missing

9500 Models illustrating certain operations on the intestines.

#413
Sec 11
Shelf 2

Presented by Prof. N. Senn, Milwaukee, Wisconsin.

Egg-Case 77

1090
2860
201
4.

023. Model Showing the development of the Embryo.

10001. to 10057 incl. see pages 233 to 243 incl Vol. I.

MICROSCOPIC SECTIONS OF THE NERVOUS SYSTEM AND CIRCULATORY SYSTEM.

11000 Spinal cord of a choreic dog

Sections cut by Dr.William Gray U.S.Army Medical Museum, Washington

Case of Dr.H.C.Wood

11010 The following 24 preparations were presented by Dr.H.Augustus Wilson.

Human hair

Blood discs: reptilian

Transverse section of the ovary of sarracenia purpuria (Botanical)

Emphysema of the lung

Blood discs of sheep

Blood discs of white mouse

Blood discs of passenger pigeon

Blood discs of Sturgeon

Blood discs of toad

Blood discs of man

Fibroma of uterus

Red hepatization of the lung

Intestine of a cat

Croupous pneumonia

Lung of a squirrel

Group of polycystina

Foot of tabanus

Supra renal capsule of a cat

Muscle of a cat; injected

Epithelium of the tongue - 2 specimens

Transverse section of the condyles

of the femur of a squirrel

Triceratium favus

Lung of cat injected and inflated

11011. Box containing 24 miscellaneous microscopic slides prepared by Dr. H. Augustus Wilson. Storeroom Case 2 - Shelf 1

3 slides

11015 Fibroma of the foot. Presented by Dr. Wm. Hunt

Sec: 2
Sh - 1

11020 Leprosy Case 2 - Shelf 1 - Storeroom

Sec 2
Sh - 1

A case of 24 specimens of leprosy from all parts of the body.

Prepared by Henry D. Schmidt

Case 3 Shelf 1 - storeroom

11030 Microscopical sections of aneurisms

Sec 3
Sh 1

Section of the sac of a sacciform aneurism of the aorta, mounted in balsam

Section of the clot of same; mounted in glycerine

11050 3 The same; mounted in balsam

4 The same; mounted in glycerine

5 Section of the sac of the same aneurism; glycerine

6 Section of the clot of the same; balsam

7 Section of the clot of the same; glycerine

8 Section of the clot of the same; balsam

9 Section of the clot of a sacciform aneurism of the femoral artery; balsam

10 " " " " " " glycerine

11 The same; balsam

12 The same; glycerine

Prepared by Dr. Schmidt

11050 Case 2- Shelf 1- Museum

The following 58 specimens constitute a portion of a series illustrating the microscopic lesions of the nervous system in yellow fever. Forty one microscopic sections of other organs complete the series and, for convenience of classification, are here referred to.

These specimens were obtained as a result of thirty autopsies in New Orleans in the yellow fever epidemic in the summer of 1878, during which time Dr. Schmidt prepared over five thousand microscopic sections

The following description of the slides was furnished by Dr. Schmidt:-

" The accompanying set of microscopical preparations are intended to illustrate as far as possible the pathology of yellow fever, described in the February number of the New York Medical Journal (1879) The greatest number of the sections are mounted in Canada balsam; but, as this substance, on account of its great refractibility, is not a favorable medium for the study of some pathological specimens, it became necessary to mount some of the preparations in glycerine, especial-

ly specimens taken from organs affected with fatty infiltration and degeneration, in which the fat globules are rendered indistinct by the coloring and the great amount of light passing through the balsam, while they remain perfectly distinct in glycerine. Thus, all preparations surrounded by a white ring are mounted in Canada balsam, while those with a black asphalt ring are mounted in glycerine.

Each individual number represents the respective organ of a separate case of yellow fever; though in some instances, different numbers, belonging to specimens of different organs, represent one and the same case. Accordingly, sections of liver, kidney, or supra renal bodies may have been taken from one case. In cases where several sections are taken from one and the same organ, they are individually marked with letters, while they all bear the same number.

The examination of the sections mounted in Canada Balsam should be made with as little light as possible, as too much light drowns, so to say, the definition of the details. The most favorable examination is made with a slightly oblique illumination. The sections mounted in glycerine may be examined with any amount of light.

As the coloring process, together with the Canada balsam allows, to some extent, the appearance of the structural elements, a duplicate specimen, mounted

in glycerine, has been added for comparison in several instances. Specimens taken from organs of patients who died from other diseases have also been added for comparison; these are marked with Roman figures. The extravasation of hemoglobin, occurring during the course of yellow fever in several organs, such as the liver, supra renal bodies, etc., are recognized by their characteristic brown color in the sections colored with carmine; in sections colored brown, the spots of haemoglobin have assumed a darker shade. No 32 affords a fair example of this peculiar extravasation.

The examinations should always be commenced with low magnifying powers from about 75 to 100 diameters amplification; after this, higher powers may be employed. Only first class objectives should be used.

Explanation of the Sections

11050. No. 1. Sections of a cerebral hemisphere

(a) Passing vertically through the tuber cinereum and optical tract, about 1-16 of an inch anteriorly to the corresponding mamillary body.

(b) Passing vertically through the basis of the crus cerebri, about 5-16 of an inch posteriorly to the mamillary body.

These sections are particularly intended to show the cerebral congestion, causing the death of the patient, extending through the interior of the whole cere-

brum; all minute blood vessels will be found filled with blood corpuscles.

No.2. Antero-posterior vertical sections of pons varolii, medulla oblongata and cerebellum.

(a) Passing through the pons cerebellum amd the outer portion of the medulla oblongata

(b) Passing through the same parts nearer to the median line.

(c) Passing still nearer to the median line

No.3 (Colored brown) Horizontal sections of the pons and medulla oblongata at different points.

No.4 (Colored red) The same sections from another case.

Besides illustrating the pathological condition of these parts, these sections will also serve for the study of the mutual relationship of the bundles of nerve fibres and ganglion cells, showing the nuclei of the most of the cerebral nerves.

Nos. 5 to 12. Sections of the cortex cerebri of eight different cases, showing the pathological changes in the ganglion cells.

No. I and III. Specimens from other cases, intended for comparison.

In the Yellow Fever specimens, the ganglion cells and neuclei present a fatty appearance; in the other specimens, the neuclei appear more distinct.

No. 13. Pia mater of the cerebrum, illustrating the degree of congestion.

No. 14 Spinal marrow --lumbar region

No. 15 to 19. Sections of sympathetic ganglia. In some specimens, the blood vessels will be found congested; in others not so much.

In No. 15, the neuclei of the ganglion cells have disappeared; the ganglion cells themselves present a fatty appearance. In other specimens the pigment of the ganglion cells is increased.

No. 20, Section of mucous membrane of Stomach, and No. 21, Epithelium of Stomach, both specimens illustrating the congestion of the vessels of the venous network; the bursting of these vessels giving rise to the phenomenon of black vomit.

No. 22. Section of heart, illustrating the fatty degeneration of this organ.

No. 23 to 30. Sections of kidney, showing particularly the granular degeneration of the epithelium of the uriniferous tubules, and also the albuminous casts in the tubules which are distinguished by their peculiar lustre and high coloring. In some instances, uncolored granules or free epithelial cells, are met with; these have undergone fatty degeneration. In some specimens the blood vessels are found filled with blood corpuscles .

No. 31. Section of spleen, showing the accumulation of black pigment.

No. 32 to 39. Sections of liver, showing the fatty infiltration and degeneration, and also the extravasation of haemoglobin in their various degrees. No. 39, a and b, are sections of the liver of a case in which yellow fever supervened upon chronic malarial disease accompanied with intense icterus. The external and Glisson's capsules will be found hypertrophied by the chronic inflammatory process.

No. III. Section of liver from a case of chronic dysentery with fatty infiltration. In this case, the fat globules are larger and more distinct than in yellow fever specimens.

No. 40 to 43. Sections of supra-renal bodies. The narrow specimens are cut vertically through the organ, while the square ones represent sections, parallel to the broad surface. In some sections, the minute blood vessels will be found filled with blood, in others they are empty; the extravasation of haemoglobin, absorbed by the cells, is observed in all specimens.

No. IV. Supra-renal body, of an old woman, affected with disease of heart, liver and kidneys, with general dropsy.

No. V Section of supra-renal body, from an old man affected with pulmonary consumption.

No.44 . Section of lymphatic gland, from the vicinity of semi-lunar ganglion.

The terms "vertical" and "horizontal", employed in the above explanation, have no reference to the position of the organ in the body. "Vertical" is applied to specimens in which the section is made at a right angle with the surface of the organ, as in the case of the liver, kidney, etc.; "horizontal" when the section is made parallel with the broad surface. In the pons varolii and medulla oblongata the term "vertical" is applied to the section made in the direction of the long axis.

H.D.Schmidt.

11051. Large wooden box containing about 360 microscopic preparations illustrating Tuberculosis.
Probably Prepared by Dr. H. D. Schmidt.
Storeroom case 2 - shelf 1

11052. Large wooden box containing about 360 microscopic preparations illustrating different types of Tumors.
Prepared by Dr. H. D. Schmidt.
Storeroom case 2 - shelf 1
Purchased 1899

missing

11100 Five microscopic sections from a case of traumatic paraplegia, showing ascending degeneration of the spinal cord.

Dr.A.V.Meigs.

Storeroom 6K Sec. 2 Sh. 1

11110 Three microscopic slides showing sputum stained for tubercle bacilli

Mrs.H.D.Schmidt

Storeroom 3 slides Sec. 2 Sh. 1

11115 Ascending degeneration of the spinal cord, traumatic paraplegia.

Dr.A.V.Meigs

missing

11116 Sarcoma of the choroid. Microscopic section Removed by enucleation from a woman who fell through a trap door, striking her head and receiving a severe injury. A few weeks later she began to lose sight in the affected eye. The tumor was situated on the temporal side of the eye. (See Chicago Medical Times -Aug. 1893)

Presented by Dr.M.J.Rodermund of Appleton, Wis., through Dr.C.A.Oliver

missing

11117 Section of tuberculous iritis.

Presented by Dr.C.A.Oliver

11118 Section of spindle cell sarcoma of the choroid

July 1893

Presented by Dr.C.A.Oliver

Prepared by Dr. Joseph McFarland for Dr. Oliver

No. 415
Case 11
Shelf 3
#12,000

LIST OF ENTOZOA.

Presented by Dr. H. C. Chapman.

72 specimens of 64 varieties of Entozoa

	Entozoön	Habitat
1	Ascaris simplex	Dolphin stomach
2	Taenia expansa	Sheep intestine
3	Taenia cucumerina	Dog intestine
4	Filaria scapiceps	Rabbit intestine
5	Taenia loliginis	Cuttlefish abdominal cavity
6	Ascaris penita	Salt water terrapin intestine
7	Ascaris leptoptera	Lion stomach
8	Ascaris tentaculata	Opossum intestine
9	Ascaris clarata	Codfish stomach
10	Eustrongylus affinis	Orang intestine
11	Ascaris leptoptera	Puma intestine
12	Cuculanus roseus	Tortoise intestine
13	Actractis subulata	Iguana intestine
14	Ascaris marginata	Dog intestine
15	Taenia yellowstone	Lake trout intestine
16	Distomum oricola	Alligator mouth
17	Spiroptera megastoma	Horse stomach
18	Oxyuris compressa	Cat intestine
19	Ascaris sulcata	Salt water terrapin intestine
20	Physaloptera torquatus	Spider monkey intestine

21	Physaloptera constricta	Water snake intestine
22	Cysticercus pisci formis	Rabbit ~~onduct~~ oviduct
23	Ascaris Mystax	Cat intestine
24	Taenia shea Americanae	Ostrich intestine
25	Strongylus simplex	Porcupine intestine
26	Ascaris tenuicollis	Opossum rectum
27	Ascaris tenuicollis	Alligator intestine
28	Circulanus microcephalus	Terrapin intestine
29	Strongylus filaria	Caribou heart
30	Ascaris anoma	Snake hognosed intestine
31	Echinorynchus hamulata	Salt water terrapin intestine
32	Physaloptera turgida	Opossum stomach
33	Filaria ~~ne~~ stigmata	Trout
34	Physaloptera torquata	Badger intestine
35	Filaria imites	Dog heart
36	Ascaris lextoptera	Tiger intestine
37	Monostoma ~~rnum~~ semi capite	Leather back turtle intestine
38	Taenia diminuta	Rat intestine
39	Echinorynchus proteus	Bass intestine
40	Pentastoma ~~rnum~~ proboscideum	Boa lung
41	Ascaris anoura	Milk snake intestine
42	Pentastomum gracile	Alligator lung
43	Cheiracanthus socialis	Mink stomach
44	Ascaris marginata	Dog stomach
45	Filaria ~~na~~ scapiceps	Rabbit skin
46	Cysticercus macrocystis	Rabbit oviduct
47	Pentastomum proboscideum	Rattlesnake lung

48	Ascaris inflexa	Fowl intestine
49	Echinorynchus s œ ialis	Flounder intestine
50	Filaria obtusa	Snow bird intestine
51	Distr~~enum~~omum variable	Water snake intestine
52	Dist~~ornum~~orum horridum	boa ureter
53	Echinorynchus monileformis	Fox squirrel intestine
54	Taenia microps	Sage fowl intestine
55	Sclerost~~ornum~~ma armatum	Horse intestine
56	Amphist~~ornum~~oma pabaccum	Manatee intestine
57	Ascaris lumbricordes	Man intestine
58	Ascaris transfuga	Polar bear intestine
59	Ascaris oscula	Elephant seal intestine
60	Distr~~onum~~omum Oricolace	Fish hawk intestine
61	Oestrus equi	Horse intestine
62	Hydatids acephalocysts	Kangaroo liver
63	Ascaris lumbricoides	Orang intestine
64	Agamonema capsularia	Herring intestine
65	Agamonema capsularia	Sea bass peritoneum
66	Ascaris admea	Shad peritoneum
67	Pentast~~ornum~~oma enryzonum	Monkey omentum
68	Cysticercus pisciformis	Rabbit
69	Taenia mediocanellata	Man intestine
70	Dist~~ornum~~omum falcolace	Snake mouth
71	Physaloptera vetusa	Varanus mouth
72	Nereis virens	Oyster shell.

12100 Tapeworms — Presented by Dr. Werner.
1602
48
2

12100.1 Tapeworm — Presented by Dr. Werner
1686
103
1

12105 see Vol. III Page 207
12110. see Vol. III Page 211.
12115. see Vol. III Page 211.
12120. see Vol. III Page 211.
12125 see Vol III Page 210.
12130 Tapeworms.

12200. see Vol III Page 211.

12300. see Vol III Page 211.

12400. see Vol. III Page 219.
12405. see Vol. III Page 219.

13005. McClellan's Regional Artery.

This specimen was removed from the body of a young man aged 27 years, who died from phthisis. There is no arch to the aorta and the position of the heart, when discovered, was vertical within the thorax. There was only one auricle and one ventricle.

13012. Skeleton of a frog.

Presented by Prof. Geo. McClellan.

13013. Alligator. Dried preparation.

Presented by Prof. Geo. McClellan.

13014. Head of an Alligator.

Presented by Prof. Geo. McClellan.

13015. Three Beer Mugs.

Presented by Dr. T. B. Schnable.

From Göttingen Verein. One was used by Dr. John Marshall, one by Dr. Edgar Fahs Smith and one by Judge Dimmel Beeber. (From the minutes of Sept. 20, 1929)

13,000.

1. Body of a fat woman changed to adipocere; "petrified" body.

The woman, named Ellenbogen, died in Philadelphia, of yellow fever, in 1792, and was buried near 4th and Race streets. The process of this change is as follows: The nitrogenous tissues give off ammonia; this attacking the fat of the body forms a hard soap. The form is well preserved.

Presented by Dr. Joseph Leidy.
November 18, 1878 -

1617-48-4 13,010. Skeleton of a frog; fracture of the tibia; united.

1618-48-4 13,017. Sternum of a [illegible]; deformity. missing

13,020. Femur of a turkey; fracture; united. The specimen has been sawn vertically, showing overlapping and shortening.

13,020.05 Femurs of turkeys; fractured; united in bad position

1619-48-4 13021-13025. Chicken and turkey bones, showing fractures.

1621-48-4 13026. Turkey femurs; united and ununited.

1631.48.5 13027. Deer's metatarsus; fracture; union.

Presented by Mrs. S. W. Gross.

1635-48-5 13028. Sternum of a chicken; fracture; union.

1612-48-3 13030. Uterus of a cat; impregnated.

1613-48-3 13040. Foetal cat in its membranes.

1611-48-3 13041. Foetal marmo set; twin. With placenta. Dr. Keen

13050. Twin marmo sets and placenta. Presented by missing

Dr. Keen.

13051.00 ~~1403~~ – Hairy tumor from the Chin of a Calf
1614
48
3

12105. see vol III page 191

~~1409~~ Worms voided from the bladder of a
1615 child who had many symptoms of
48 stone
3

12125. see Vol III Page 191.
~~13510.1~~ Tapeworm
#1626
48
4

Presented by Dr W L Atlee

13056. Death mask of Professor Lerdy.
Presented by Dr. Joseph Lerdy 1902

13055. Death mask of John Hunter.
Through the Hunterian Museum, Royal College of Surgeons.
Presented by W. W. Keen

1610-48-3 13060. Swan's tongue.

1609-48-3 13070. Muscle of the inguinal canal.

13071. Calves heart.

12200 see vol III Page 191
~~13075~~. Oestrus equi. Bot. fly larvae and portion of the stomach of a horse.
1607
48
3

The larvae are from 20 to 25 mm. long, and 6 or 7 mm. in diameter. They are of a light brown color; fine hairs of a darker shade are arranged in nine circles about each larva. The larvae are attached, at their pointed end, to the mucous membrane of the stomach; the free end is more blunt.

These larvae cling in large numbers to the wall of the stomach. In this case they caused the death of the animal.

Presented by Dr. Henry Leffmann.

12300. see Vol III Page 191.
~~13076~~. Filaria sanguinas; from the heart of a dog.
1604
48
2

Presented by Dr. John H. Musser.

1608-48-3 13077. Trichina spiralis. Missing

13080. Missing Skeleton of a horse.

13090. Case illustrating diseases of the phalanges of a horse. Missing

Specimens.

13100. Missing Spinal column of a horse; anchylosis.

13110. Missing Osteo-sarcoma of the vertebra of a cow.

13115. Actinomycosis in lower animals.

12110. see vol III page 191
1596 ~~13300~~. Tapeworm.
48
1
12115 see vol III page 191.
1597-48-1 ~~13305~~. Tapeworm.
12120 see Vol III Page 191
1625-48-4 ~~13310~~. Tapeworm.

Presented by Dr. Walter L. Atlee.

13410.1 Needles and pins removed from the body of an hysterical female

1624
48
4

13500. By 219 Plaster cast of the head of a Microcephalic.

13300.01 - Section of the Human Head. (Posterior view) Prepared by Dr. J. P. Tunis.

13300.02 - Section of the Human Head. Prepared by Dr. J. P. Tunis.

13300.03 - Section of the Human Head. Prepared by Dr. J. P. Tunis.

13300.07 - Section of the Human Head. Prepared by Dr. J. P. Tunis.

13300.08 - Section of Human Head. Prepared by Dr. J. P. Tunis.

1300.09 - Section of Human Head. Prepared by Dr. J. P. Tunis.

All of these sections are accompanied with explanatory diagrams.

13410.1 Needles and pins removed from the body of an hysterical female.

13300.00 Sections of the Human Head. Prepared by Dr J. P. Tunis — Presented by the College of Physicians

13300.05 Section of the Human Head. Prepared by Dr J. P. Tunis. " " " " " "

13300.10 Sections of the Human Head. Prepared by Dr J. P. Tunis " " " " " "

219

12400 see Vol III Page 191.

~~13420.~~ Ascarides lumbricoides.

1606
48

Presented by Dr. W. L. Mlee.

12305 see Vol III Page 191.

~~13421.~~ Ascaris lumbricoides; caught in the eye of a hook.

1627
48
4

1628-48-4 ~~13625.~~ Snake; non-venomous.

1622-48-4 ~~13400.~~ A large metallic hinge; removed from a child's throat.

Müller? Cpo 1/27/84

1623-48-4 ~~13410.~~ Needles and pins removed by Dr. Müller from different portions of the body of a young hysterical female. (1849).

missing 13420. Wrist and fore-arm of a female.

Presented by Dr. Mütter.

13500 ~~13500~~ - Cast of the head of a microcephalic 0. 218

13700. Cast of the head of an idiot girl.

Pauline Choisy, aet. 3 years. Dist. of Pas de Calais.

13505. Cast of the head of A. Horne (murderer of two wives) - 1844). Presented by Dr Mütter - Cpo 1/15/81

1636-48-5 13500.10 Specimens of welded horn. (97-4)

1634-48-5 13600. Section of elephant's tusk; caries.

1630-48-4 13620. Section of elephant's tusk; ball imbedded in the ivory.

1633-48-5 13630. Elephant's tusk; iron musket ball imbedded in the ivory. The ball is of cylindrical shape. The channel of entrance has been closed with ivory, so as to show little trace of the original injury.

Presented by Dr. Mütter.

missing 13540. Osteo-sarcoma of the vertebra of a cow.

missing 13550. Deer's head; hyperostosis of the antlers.

Purchased.

missing - see 13051.00 qpo 11/79

13550.01 Hairy tumor from the chin of a calf.

13570. missing Rabbit. Inflammation of the ear; experimental.

1632 48 5 13580. Head of a Rattlesnake. Dissected by Dr. Joseph Leidy.

Presented by Dr. S. Weir Mitchell.

1637-48-3 13583. Skull of a dog. Caries

13586. Inferior maxilla of a dog.

Presented by Dr. G. Hinsdale.

~~13585~~

13582. Skull of Male Orang utan
Simia satyrus. (Mr. Ulmer (and) Academy of Natural Sciences)

13610 Jibaros Head
Prepared by the Indians on the Amazon River
Presented by Dr. Thomas Biddle
See history with specimen.

13615 Shrunken human head from Ecuador.

13625. Gavel presented to Dr W. W. Keen, President of the American Medical Association
Presented by Dr. Keen

13627- Exercise Chair. Owned originally by Isaiah Hacker in the early part of the last century.
Presented by Dr. Samuel Bradbury. Oct. 27, 1936

13650. Arrow used in Indian warfare.
Presented to Dr. John Ashurst by Surgeon Bill, U.S.A.
Presented by Dr. A. P. C. Ashhurst.

13628. Obstetrical chair used for many years by a prominent mid wife of Asia Minor.
Presented by Dr. S. A. S. Mellany.

13631- Bullet. Calibre .45 - Range 1500 yards.
Spanish American War. March 9, 1898.

13632- Bullet. Calibre .45; Range 100 yards.
Removed from the skull. Spanish-American War. Weight 415 grams.

13633. Bullet. Calibre .45. Range 615 yards.
Snub-nosed, expanding type producing extreme tearing of tissue. Spanish American War - 1898

13634. Bullet. Calibre .30. Range 1500 yards. Removed from lung after having passed between the ribs. Spanish-American War, Mar. 9, 1898

13635- Piece of iron from the Battleship "Maine".

13637- Dr. Pancoast's Office Sign.

13638- A bronze medal of Dr. Pancoast.

13639- Visitation card plate of Dr. Philip Syng Physick

13640- Two gold headed canes.
(A-) One of varnished wood inscribed "Comme Je Trouve." This cane belonged to Dr. Benjamin Rush.

(over)

(B) One finished in black inscribed "Dr. Isaac Hays from Inc. G. Reppler."
This gold headed cane was presented by Miss Henrietta Hays, and was the former property of her father, the late Dr Isaac Hays who was for many years a Censor of the College and the founder of the American Journal of Medical Sciences. 1918.

13641. Metal plate bearing the name of Dr. Ashhurst.

13645. Doctor's Honorary Sword from Kioto Japan 1896.
In old Japan only the nobility or military classes were allowed the honor of wearing swords, but in some cases the medical men were so highly thought of that they were given the privilege of an honorary sword.
Presented by Dr. Charles D. Hart

13650. Arrows used in Indian warfare.
Second arrow is minus tip.
Presented to Dr. John Ashhurst by Surgeon Bill, U.S.A.
Presented by Dr. A. P. C. Ashhurst.

13655 - Horse's head. (skeleton)
13660 - Horse's head " "
Presented by Prof. Geo. McClellan.

13665. Skeleton of a Dog.
Probably presented by Prof. Geo. McClellan

13670. Skeleton of a Chicken Adder

13670.5 Antique Japanese Game. This is said to be at least 400 years old. It was the property of the late Dr. Samuel D. Risley and was presented to the Museum by his widow
Mrs. Samuel D. Risley.

(see P. 226)

Footwear

Stockings.

13701. Single digit stocking.
13701.01 Japanese stocking.
13701.02 Five digit stocking.
13701.03 Waukenhose.

13702. Egyptian burial slippers 200 B.C.
13702.01 China.

Shoes with uppers

13703. Esquimaux.
13703.01 East cape Siberia. Esquimaux Muk Luk.
Seal skin and walrus throat
13703.02 Maderia.
13703.03 Aleppo, Syria.
13703.04 American, about year 1800.

Shoes with heels.

13704. Bolivia.
13704.01 Modern Egyptian
13704.02 France, period of the French Empire.
13704.03 Christiana, Norway.
13704.04 Sweden.
13704.05 India.
13704.06 Sabot from Holland
13704.07 Java.
13704.08 Philippine Islands.

Shoes with two heels

13705. Wooden shoes from India.
13705.01 From Japan.
13705.02 Wet weather shoes from korea. — 13705.025 Korea
13705.03 South African Malay.
13705.04 From Morocco.
13705.05 Japan.

Shoes with toe cover and heel strap.

13706. Worn by American Indians.
13706.01 Shetland Islands.
13706.02 Chinese shoes from Hankow.
These are worn in the winter time in the heavy woolen socks.

13671. Piece of the thorax of John Wilkes Booth the assassin of President Lincoln, April 4, 1865 procured at the post mortem on the Monitor opposite the Navy yard, Washington by the Surgeon General and staff and presented by Mr. Geo. W Hallowell, messenger to the Surgeon General.

13672. Varicocele. Elastic ligature heaven clamp. B- has been used to obliterate the veins of the varicocele and has cut its way out.

13673. Perforated decalcified bone plates for approximation in the operation for making intestinal anastomosis. ~~No 1 - 6 pair~~ For description see card file and new Catalogue Vol. III.

13674. A watch from the earthquake and fire at San Francisco. Cal. May 1906
Presented by Dr. J. Elwing Mears.

13675. Peter Arrell Browne's Collection of Hair.
Presented by Dr. S. Weir Mitchell

13676. Opium bottled in 1853
See Museum letter file under "Opium"
Assay of specimen made by H. C. Wood, M. D and Arthur Osol of Phila College of Pharmacy. See "American Journal of Pharmacy" Vol 3 - No. 10 - Oct. 1939 "Assay of a sample of opium ninety years old with some remarks on the History of Morphinometric Assay."
Presented by Dr. C. D. Meigs
(later) Dr. Chas D. Harte.

13706.03 From India.
13706.04 Woman's shoe from Arabia
13706.05 Modern sandals
13706.06 From Paris, France, modern.
13706.07 Mexico.
13706.08 Malta.
13706.09 Arabia.
13706.10 Korea.

Shoes — toe covering without ankle support.

13707. Worn by Penobscot Indians
13707.01 Abyssinia.
13707.02 Moorish shoe.
13707.03 Syria.
13707.04 India.
13707.05 Syria.
13707.06 China.
13707.07 California Indians.
13707.08 Austria.
13707.09 Native Indian
13707.10 Alaska.
13707.11 Klondike.
13707.12 Tunis, Africa.
13707.13 Venezeula, La Guayra.
13707.14 Russia.
13707.15 Japan.
13707.16 Turkey.
13707.17 Venezeula.
13707.18 Mexico.
13707.19 Worn by Mexican Laborers.
Objected to by U. S. Gov. as they exposed wearer to hookworm.
13707.20 China.
13707.21 Brussels.

Shoes without any toe covering.

13708. From Korea, ladies shoes for street wear.
13708.01 Ladies shoes from Punjab, India.

Shoes with instep strap.

13709. Japanese sandals
13709.01 Philippine Islands.
13709.02 Man's shoe from Arabia.

Shoes with big toe strap.

13710. Spanish sandals 1492.
Were the property of an Arch Bishop of Toledo, an antequarian.

Shoes with strap between toes.

13711. Philippine Islands.
13711.01 East Africa.
13711.02 ~~Zanzibar.~~ Costo Rica
13711.03 ~~Costo Rico~~ Zanzibar.

Shoes with 2nd toe strap

13712. From Turkey, worn by the Pilgrims of Mecca.

Shoe with post between toes

13713. South African Malay.

13714. Modern natural form.

13715. Book of photographs of the Collection of shoes presented by Dr. H. Augustus Wilson in 1907

14000. Catalogue of Urinary Calculi.

Prof. Bridges.

14500. Salivary Calculi.

14601. Biliary "

14680. " "

14683. Concretions:

Vermiform Appendix.

Mesentery.

Uterus.

Intestinal.

The Calculi and Urinary deposits in the Mutter Museum of the College of Physicians of Philadelphia amount at the present time to 183 plus 2 fibrinous. The principal portion of this collection was derived from the bequest of the late Professor Thomas D. Mutter, the remainder being donations from Fellows of the College. In adopting a plan for their arrangement, it was thought advantageous that each specimen should be so marked as to designate its chemical character and the order of succession of the different layers, while at the same time each class or subdivision might be increased in number without any interference with a systematic location. With this view, each kind of deposit hitherto noticed has been designated by a letter of the alphabet, the capitals being allotted to the calculus when of uniform composition, or to the nucleus; while the succeeding layers are designated by the small letters, recurring in the order of superposition, the numerals giving the number in each class. Urinary deposits being rarely of an unmixed character, the class to which any calculus belonged has been determined by the apparent predominance of any one ingredient; and since the physical appearance often denotes the probable composition, this character has been used in doubtful cases, where a mere estimate could not be depended upon.

The following table gives the letter appropriated to each kind of deposit:

A.a, Uric acid. B.b, Urate of soda.

C.c, Urate of ammonia. D.d, Urate of magnesia.

E.e, Oxalate of lime. F.f, Phosphate of lime.

G.g, Phosphate of magnesia & ammonia. H.h, Fusible.

K.k, Cystic oxide.

L.l, Carbonate of lime. M.m, Uric acid.

N. The nucleus a foreign body or not a urinary deposit.

Lost. Empty jar bearing this no. in Storeroom Case 9 - sheef 1

14001.6 Biliary Calculi 2.
2815
122
10

Pres. by Dr. John S. Atlee

14001.7 Kidney Calculi 2.
2816 Lost
122
10

Storeroom case 9 - Shelf 1 - Specimen lost.
Empty jar bears this number.

14001.8 Numerous Small Calculi.
2817
122
10

Storeroom Sec. 9 - Sh. 1

14000. Renal calculi.

A very large number of small calculi of rounded form and varying from 1 mm to 4 mm. in diameter. An equal number of calculi are deposited in the Women's Medical College Museum, Philadelphia, and were all passed by the patient, a man aet. 70, at one sitting.

Presented by Dr. W.W. Keen.

Storeroom (1)

14001. Renal calculus.

The calculus is 1.8 cm. long. It is covered with small rounded elevations; oxalate of lime. Accidentally broken in two.

Presented by Dr. W. L. Atlee.

(14001) 14001.1 Missing Renal calculus; removed ny nephrolithotomy. Weight, 1-2 half ounce. The calculus is in two fragments, the larger is triangular. Of a brownish color outside and gray within.

Presented by Dr. Donnel Hughes.

(14603) 14001.2 Missing Renal calculus; removed by nephrolithotomy. Operation 11,6,'91 at Woman's Hospital, Philadelphia; recovery.

Presented by Dr. J. B. Roberts.

14001.3 Ureteral calculus. Presented by Dr. J. B. Roberts. urethral

14001.4 Renal Calculi from Opossum.
2813.
122.
10.

14001.5 Calculi. Carbonate of Lime. And Pearls from oysters.
2814.
122
10

14003.1
2832
122
10

A Calculus?
Pres by Dr. Roberts.

[illegible] the care of the renowned Philip Syng P[illegible]sick, the "Father of American Surgery," for the operation of lithotomy. The dexterity which was required in this operation, as well as its extremely hazardous character, may be inferred from the fact that upward of 1,000 calculi were taken from the affected part. When Dr. Chapman called upon him, early in the day that had been agreed upon for the incision, he found the Chief Justice at the breakfast table with a pleasant smile. "Well, doctor," he said, "you find me taking breakfast, and I assure you I have had a good one. I thought it probable that this might be my last chance, and therefore, I was determined to enjoy it, and eat heartily." He knew there were many chances against him, he said, and if he should survive the knife, he was willing to live out his appointed time. If not, he was ready to die rather than live the tortures of the stone.

* * * * 14003

His breakfast disposed of and some preliminary medicine being taken, he asked of Dr. Chapman the hour when Dr. Physick would be ready. He was told that it would be 11 o'clock. "Very well," was the reply; "do you wish me now for any other purpose, or may I lie down to go to sleep?" That a patient who in two or three hours was more likely than not to be passing into eternity should ask whether he might be allowed to go to sleep in the interval was a surprise to one who had seen as much of the approach of death as Dr. Chapman. Doubtless it was only the suggestion of the common sense of the Chief Justice that he would do well to be refreshed and strengthened for the tedious and painful ordeal before him. Immediately he went to his room, stretched himself upon his bed, and in a few minutes had fallen into so profound a sleep that when the physicians were ready to proceed, it was necessary to arouse him from his slumber!

* * *

The success of Dr. Physick was complete. It was the last of the great operations which he performed in his long career. Every particle of calculous matter was cleared away from the system of the illustrious patient, not again to return. Throughout the procedure he had uttered scarcely a murmur. The surgeons in all their experience had never operated upon a man in a critical case whose cheerfulness and courage were more marked. Dr. Chapman held the knowledge and the dexterity of Dr. Physick in the highest admiration. He knew that his great colleague had drawn upon all his resources in the handling of the case. But he could not in after years refrain from expressing the opinion that the recovery of the Chief Justice was due to his "extraordinary self-possession and to the calm and philosophical views" which he had brought to his trouble and the possibilities of death.

* * *

A little more than four years later, or in the summer of 1836, the Chief Justice then in his eightieth year again came to Philadelphia. It was thought that the most cruel malady of men in their old age had returned to him. It turned out, however, that the disease of which Dr. Physick had relieved him—over which there was some controversy at the time by reason of the eminence of the patient—had really disappeared and that the ailment was a complication of disturbances of the liver. He took lodgings at the house of Mrs. Crim, on Walnut street, between Fourth and Fifth, and it was soon found that the result would be fatal. There he was attended by his three sons, and again he quietly made his preparation for death with the same composure that had astonished Dr. Chapman in 1831. His serene intellect was almost undimmed to

14002.1
2833.
122
10

Bil[illegible] ry Calculi.

14002.2
2812
122
10.

Renal [illegible] g half an ounce from a c[illegible] atomy.
Dr. Donnell Hughes

14002.2
A 1. "Vesical". [illegible] ly one half of a small spherical [illegible] nto powder of an orange yellow c[illegible] - shelf 1.
(Mutter Catalogue - p. 56 - # 43)

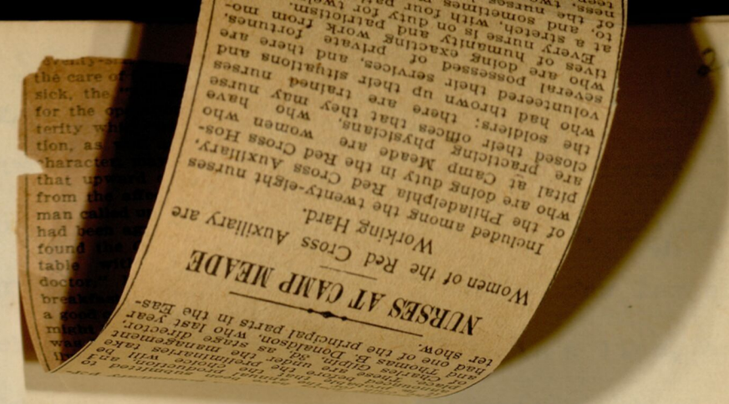
2667.
122
4

14003
A 2 "Vesical". "Cut by Dr. Physick from the bladder of Chief Justice Marshall. Presented by Dr. Randolph". 10 calculi and fragments, varying in size from that of black mustard seed to two and one half lines. Exterior smooth; differing in some very light yellow; others yellow, and others fawn color. Presented by Dr. Mutter. (Orig. Cat. p. 60 - # 187) (1858)

2668.
122
4.

14003.1
2832
122
10

A Calculus?
Pres by Dr. Roberts.


NURSES AT CAMP MEADE

Women of the Red Cross Auxiliary are Working Hard.

Included among the twenty-eight nurses of the Philadelphia Red Cross Auxiliary, who are doing duty in the Red Cross Hospital at Camp Meade are women who are practicing physicians, who have closed their offices that they may nurse the soldiers; there are trained nurses who had thrown up their situations and volunteered their services, and there are several possessed of private fortunes, who are doing exacting work from motives of humanity and patriotism. Every nurse is on duty for two-at a stretch, with four pa[illegible] to, and sometimes [illegible] of the nurses [illegible]

14002.1
2833.
122
10

Biliary and Urinary Calculi.

14002.2
2812
122
10.

Renal Calculus weighing half an ounce from a case of Nephrolithotomy.
Dr. Donnell Hughes

14002.2
A 1. "Vesical". Centricular. Originally one half of a small spherical calculus; now fallen into powder of an orange yellow color. Stouroom Case 9 - Shelf 1.
Presented by Dr. Mütter. (Orig. Mütter Catalogue - p. 56 - # 43)

2667.
122
4

14003
A 2 "Vesical". "Cut by Dr. Physick from the bladder of Chief Justice Marshall. Presented by Dr. Randolph". 10 calculi and fragments, varying in size from that of black mustard seed to two and one half lines. Exterior smooth; differing in some very light yellow; others yellow, and others fawn color. Presented by Dr. Mütter. (Orig. Cat. p. 60 - # 187) (1858)

2668.
122
4.

14004. "Urethral". Storeroom case 9 - shelf 1
A small, irregular, oblong Calculus

2669 122 4. broken into two fragments. 1.55.b. greatest.25, least .16. Interior uniform, orange yellow. Exterior, enlarged at both extremities. Smaller end formed of a few large, smooth tubercles; larger of four tubercles in a line, and one out of the line. A very thin white coating rubbed off on some of the tubercles, which are yellowish fawn color.

14005 A. 4 "Urethral". An irregular, oblong calculus - 1.68 b.3 t.28. Surface covered with irregular, smooth tubercles of a fawn color.

2670 122 4.

14006 A. 5 "Vesical". One half of a much flattened regular oval calculus - 1.1.95.b.1.3 t. (1-2).35. Interior: A small oval yellowish white nucleus excentric to the next deposit. The next deposit has its interior of a light salmon, but becomes very light, and is surrounded by a salmon band. The remainder is salmon of a lighter hue. Mostly hard and compact, with a few cells between the layers. Exterior: covered with tubercles; smooth and of a salmon color.

2671 122 4.

14007 Storeroom case 9 Shelf 1
A. 6. "Vesical". Less than half of a small oval calculus of which the interior is lost. 1.65 b (1-3).4 t (1-2). Interior. The two exterior separable layers which are left are compact, and of a light yellow. Exter: covered with small smooth flattened granules. Color, yellow.

2672 122 4.

14008 Storeroom case 9 - shelf 1
A. 7 "Vesical". "Prested by Mr. Corrale". One half of a pyriform calculus. 1.33.b.71.t (1-2).36. Interior: At the larger end a rectangular nucleus of a light yellow. The succeeding layers soon assume the pyriform outline and are compact, except immediately beyond the nucleus towards the pointed extremity, where they are cel-

2673 122 4.

lular; color yellow. Exterior: covered with small smooth tubercles, which are fewer and least perceptible at the larger end; color yellow and brownish yellow at the pointed end.

14009
A. 8
2674
122
5.

"Vesical". One half of a large flattened oval calculus. l.3.b.2.5.t (1-2).85. Interior: cellular at the commencement, being formed from an aggregation of granules at first very small. The remainder more compact; the layers of deposit strongly marked. Color fawn yellow. Contains some urate of ammonia and lime.

14010
A. 9
2675
122
5.

"Vesical." An oval calculus divided by section. l. 5. b 1.15 t. 75. Interior: A small gray nucleus succeeded by a nearly white deposit. Successive layers well marked cellular light yellow; final deposit nearly white. Exterior: Covered with fine tubercles dirty yellow. Contains some urate of ammonia.

14011
A. 10
2676.
122
5.

"Vesical". One half (one half sent to U.S. Army Museum) flattened oval calculus divided by section. l. 2.65 b. 2.05. t 1.25. Interior: Centre granular, light salmon, followed by layers of salmon, yellow and darker salmon yellow, and finally still lighter yellow layers. Exterior: Covered with flattened tubercles rendered indistinct by a very thin white crust. Tubercles yellow. Centre pure uric acid. Urate of ammonia in small amount in the exterior layer; thin whitish coat; fusible calculus.

14012
A. 11
2677.
122
5.

"Vesical". A flattened nearly oval (one side less curved than the opposite) calculus. l.2.4 b. 1.6 t. 1.05. Interior: An oval compact salmon colored nucleus followed by a granular slightly cohering deposit; succeeded by

distinct and more compact hard layers. Color yellow salmon. Exterior: Smooth light fawn color.

14013
A. 12 "Vesical". A regular oval much flattened calculus, divided by fracture with three fragments. l.l.65 b 1.35 t.75. Interior: A large oval nucleus with a granular surface; succeeding layers thin; distinct color yellow fawn. Covered with much flattened nearly indistinct tubercles; smooth; color yellow. Contains lime.

14014
A. 13 "Vesical". One half of a flattened oval calculus. t.2.15 b. 1.8 t (1-2). 45 Interior: The centre consists of distinct cellular granular layers, becoming less so towards the outer layers. These latter are more compact and less distinct. Color yellow; a few layers salmon. Exterior: Compact deposit lightest. Exterior: Rough from various sized tubercles, and covered with a thin yellowish white coating.

14015
A. 14 "Vesical". A regular oval flattened calculus divided by section. l.2.15 b. 1.75. t. 1.05. Interior: Nucleus granular and cellular; brown. Succeeding layers distinct, hard, compact; light yellow. Exterior: very slightly granular; smooth, yellow. The exterior layers contain some oxalate and phosphate of lime.

14016
A. 15 "Vesical". One half of an irregular ovoid calculus. l.2.6 b 2.05 t (1-2).8. Interior: a very irregular hard nucleus; pale at the first deposit; orange red on the exterior; succeeded by a hard compact deposit in distinct layers; of a light yellow; then brownish yellow, and finally greenish yellow; somewhat crystalline. Exterior: rough from minute granules; dirty yellow. The exterior

layers contain urate of ammonia and lime.

14017
A. 16 "Vesical". One half of an irregular calculus. 1.2.55 b 1.7 t (1-2) .7. Interior: centre granular, succeeded by distinct thin compact layers and a broader very cellular granular deposit; the remainder more compact and uniform, but divided by a fissure of an oval form, extending nearly all round; color light yellowish fawn. Exterior: very uneven; the more elevated part (about three9fifths) rough and uneven in parts, nodular; dirty white. Depressed part smooth and shining, the smooth surface extending up on the abrupt sides of the elevated part; color salmon yellow. This calculus presents the appearance of having been acted upon by a solvent, the smooth part being too irregular to have been produced by attrition, and on the elevated parts the depressions are rough and uneven, as if from corrosion.

14018
A. 17 "Vesical". One half of an irregular oval, flattened calculus. 1.21.b.1.7 t (1-2).53. Interior: centre granular light salmon, succeeded by distinct layers less granular of dark salmon, and then lighter salmon color; the outer layers lightest. Exterior: slightly rough from flat granules; dirty brownish yellow.

14019 Storeroom (1)
A. 18 "Vesical". One half of a very irregular oval flattened calculus. 1. 2.05. b.1.45 t (1-2).4. Interior: a small oval, central solid nucleus, succeeded by alternate granular and very thin compact deposits, the latter increasing in thickness towards the exterior. Color orange yellow with two oval bands of light salmon.

Exterior: minutely granular reddish brown. Contains urate of ammonia.

14020
A. 19 "Vesical". A large calculus, nearly the whole, in four fragments, made by cutting and fracture; irregular, egg-shaped, flattened. l.2.95, b.2.4, t.1.8. Exterior: tubercular, shining in parts; dull light yellow. Interior: nucleus and next leyars granular, external hard and compact; yellow, in some layers becoming light salmon. "Removed by Mr. Pott". Presented by Dr. Mütter (Orig. Mütter Catalogue 1856-page 58-# 109)

14021
A. 20 "Vesical". One half a flattened ovoid calculus. 1.2.2 b, 1.75, t (1-2) .55. Exterior surface whitish with brown in spots. Tubercular interior: centre soft, friable; light yellow; exterior in compact fawn colored layers, hard. Soft parts contain some, the hard much, urate of ammonia, with some lime.

14022
A. 21 "Vesical". One half of an oval calculus divided through its short diameter by fracture, in two fragments by section t (1-2) 1.2 b, 1.35 t, 1.25. Exterior: covered with prominent shining tubercles; yellow. Interior: crystalline, granular throughout; hard; with a smooth compact semicircular line, showing the final deposits to have been made on the ends of a sphere. Contains some lime.

14023
A. 22 "Vesical". One half of an irregular calculus. 1.2.6, 1.15 and .9 t (1-2) .8. Exterior: hard and tubercular on one side; one half of a smooth and polished concave depression; color light dirty yellow. Interior: centre granular, succeeded by regular eliptical compact lay-

ers, the terminal layers running into and cut off, by a compact layer bordering the concave depression; color light yellow. Contains some lime.

14024
A. 23 "Vesical". One half of an irregular ovoid calculus. 1, 2.7 b, 2.5 t, (1-2) 82. Exterior: smooth, with some broad, flat tubercles; yellow with patches of dark brown. Interior: nucleus lost; layers close, compact; light yellow; final layers (.1) brown. Uric acid with a thin partial crust of urate of ammonia.

2688.
122
5.

14025
A. 24 "Vesical". A small flattened spheroidal calculus, divided by section and fracture. 1.95, b, .88, t. 55. Exterior: smooth, shining, yellow. Interior: a solid nucleus; next a granular deposit; finally, close compact layers, all yellow. Contains some urate of lime.

2689.
122
5.

14026
A. 25 "Vesical". One half sent to U.S. Army Museum. A nearly regular triangler calculus, the angles much rounded and a shallow concavity smooth and shining; mottled yellow and light brown. Interior: a red nucleus separated from the external layers by a soft granular deposit. External layers compact, yellow.

2786
122
9.

14027 Missing
A. 26 "Vesical". Numerous fragments, nearly all the edges rounded as if by the action of a solvent or a fresh deposit after fracture. Yellow; a few of a lighter color. Contains some urate of lime.

14028
A. 27 Orange yellow sand, with some small brown calculi interposed. Specimen lost. Jar in Storeroom case 9-Sh. 1

2787.
122
9.

14029 M
A 28 "Vesical". Two fragments, each the half of a calculus, smaller. 1.7 b,.55 t, (1-2) .2. Exterior covered with a brown crust. Interior: a red dotted nucleus; external layers compact, yellow; larger, 1.1.25 b, .7 t, .15. Exterior and interior similar, except that the increased size is produced by the addition of layers of a lighter color.

2759. 122 18.

14030 M
A. 29 "Vesical". A small ovoid calculus divided by section. Exterior: granular, yellow. Interior: nucleus wanting; next layers loose from the external. All compact, yellow.

14031 Lost. Empty jar in Storeroom Case 9 - Shelf 1
A. 30 "Vesical". About three-fourths of a large calculus divided by section. 1. (1-2) 1.4 b, 1.9 t, 1.3. Exterior: rough from small prominent tubercles; yellow. Interior: nucleus hard; light brown; irregular, not central; remainder granular but hard; yellow.

2734. 122 6.

14032
A. 31 One half of a very much flattened ovoidal calculus. 1. 1.2 b, 1 t, (1-2) .25. Exterior: finely tuberculated; yellowish white. Interior: a hard irregular nucleus, followed by granular, and concluded by close and compact layers; light yellow, granular darkest. Contains some oxalate of lime.

2690 122 5

14033
A. 32 "Vesical". One half of a flattened ovoid calculus. 1.1 b, .88 t, (1-2) .25. Exterior: brown, obscurely tuberculate. Interior: an irregular hard, yellow nucleus, in parts cellular, enveloped by a very light yellow crust. The nucleus contains much urate of ammonia and more lime.

2788 122 9.

Lost. Empty jar in Storeroom-Case 9- Shelf 1

14034
A. 33 "Vesical". Numerous fragments of calculus, with a brown exterior crust; very thin; interior gray. Contains much oxalate and urate of lime.

2828
122
10.

14035 Storeroom case 9-Shelf 1
A. 34 "Passed per vias naturales, from the bladder of Mrs. S. Gray, in articulo mortis, Broad Kiln Hundred, Sussex Co., Delaware. W.W. Wolfe, M.D., Milton, Sussex Co., Delaware." Nearly the whole of a small irregular calculus 1.5 b, .4 t, .35. Exterior partly covered with smooth tubercles; brown. Interior layers indistinct; soft light orange; in the crust darker and harder. The crust contains lime. Presented by Dr. Mütter (Orig. Cat. p. 59- #158) (1856)

2758
122
7.

14036 Missing
C. 35 "Vesical". "Hollow". This calculus has a small oval hole in the crust, and when divided proved to be a thin shell, with a rought granular surface on the interior. Exterior smooth; yellowish white. 1.53 b, .5 t, .39. The crust contains much urate of ammonia and some lime. The interior lining more lime and less ammonia.
Presented by Dr. Mütter (Orig. Mütter Catalogue 1856- Pg. 59- # 149)

14037
A. 36 Sand of a salmon color "deposit from urine". Contains urate of ammonia and lime. Storeroom-Case 9 Shelf 1

2735
122

14040 Missing
A c l A.C. Uric acid followed by urate of ammonia.

"Vesical". A small calculue. 1, .55 b, .5 t, .35. Exterior with a number of distinct prominent tubercles (about sixteen on each flattened surface); gray. Interior: centre deep red followed by two lighter bands and dark brown thicker layer, with a thin gray exterior crust.

Missing

14041
A c 2 "Vesical". A small irregular calculus (one half of) 1.8 b, .6 t, .32. Interior: centre wanting; next eight bands alternately light and dark yellow, then a thicker, heavy white crust, partially divided by a darker layer. Exterior: part nearly flat, giving a triangular outline when viewed from either extremity; gray. The crust contains much lime.

14045. A c f. Uric acid. Urate of ammonia and phosphate of lime.

A c f 1. "Vesical". One half of a flattened oval calculus. 1, 1.5 b, 1.15 t, (1-2) .35. Interior: soft granular light salmon; next a hard uniform layer of a gray color (urate of ammonia with a little oxalate of lime); then a succession of hard layers, with a wavy outline, lighter gray and salmon (urate of ammonia, with much oxalate of lime, this latter decreasing in the interior salmon deposit). Crust white, chalky. Exterior rough, with small tubercles yellowish white.

2662 122 4.

14046 A c h. Uric acid, urate of ammonia and fusible.

A c h 1. "Vesical". One half of a small irregular calculus. 1, .55 b, .5 t, (1-2), .35. Interior. A very irregular nucleus, white (with acid and phosphate of lime); then a thin hard fawn colored layer. Crust broadest; alternations of very thin white and fawn colored layers, white predominating. Exterior: irregular from large tubercles; dirty white.

2663. 122 4.

Storeroom case 9-Shelf 1

14050 A e. Uric acid and oxalate of lime. Storeroom (1)

A e 1 "Vesical mustard-seed calculi passed". Numerous, varying in size from poppy seed to white mustard; pitted.

2664 122 4.

some deeply; brown and yellow. The brown when broken are uniform; the yellow have a nucleus of a brown color separating readily from the crust. Presented by Dr. Mütter. (Orig. Mütter Catalogue (1856) P. 55-# 10)

✓ missing

✓ 14051
A e 2 "Vesical calculus, one half sent to U.S. Army Museum, cut by Dr. Pancoast at 10 years." A regular flattened ovoid, divided by section. l, 1.5 b, 1.1 t, .75. Interior: consisting of numerous layers, fawn and light yellow, at first very irregular, but soon becoming ovoid in outline. Both sections have near the outer crust parts of a cavity opening on the exterior. Crust thin, dark, brown, easily detached. Exterior: dark brown, slightly rough from obscure tubercles which are small, with a few scattered of a larger size. On each half there is an irregular opening, with a smooth tubercular edge, communicating with the interior cavity.

✓ 14052 ✓ Storeroom case 9 - shelf 1
A e 3 "Vesical". The larger part of a flattened ovoid calculus, much of the outer and some of the interior layers wanting; cut and partly broken diagonally. l, 1.75 b, 1.5 t, 1.1. Interior: a succession of layers with numerous intervening minute cells. Some easily detached; light salmon, with a thin, brownish gray crust. Exterior: gray with brown in beneath; rough with small tubercles. The crust contains much uric acid.

2665
12
4

✓ missing

✓ 14053 A e a. Uric acid, oxalate of lime, uric acid.
A e a 1 "Vesical". A large fragment (1-4) of a calculus, with a nucleus. l. b, 1-2 1.25 t,?. Interior: nucleus wanting; remainder consisting of a series of lighter and darker layers, the central becoming thinner towards the broken sides, the outer more uniform in thickness; color

salmon and yellow, separated into two distinct parts by a thin gray layer. Centre uric acid and a trace of lime; gray layer oxalate of lime with urate of ammonia.

14060 A e h. Uric acid, oxalate of lime, fusible.

A e h 1 "Vesical". A small bean-shaped calculus divided near its centre. 1, 1.2 b, .72 t, 45 ? Interior: gray nucleus, with small dark centre occupying the whole breadth of the calculus and having a dark layer, dividing its semi-diameter into nearly equal parts; two opposite sides covered with a white chalky layer, giving a lenticular section to the cut surface. Exterior: one side apparently denuded, with a rough granular white surface; gray on the smooth surface of the exposed secondary layers. The opposite surface has the roughness more crystalline and is partly covered by a very thin yellow crust, the exposed secondary layers gray, with a few prominent tubercles of a dark color. Small central spot uric acid followed by oxalate, with phosphate of lime; the crust fusible. Storeroom case 9-shelf 1

2666. 12 2 4.

14070 A h. Uric acid, fusible. Storeroom (2)

A h 1 "Vesical". One half of a large oval calculus. 1, 2.4 b, 1.75 t (1-2) .55. Interior: nucleus aggregated tubercles, giving a cellular structure, succeeded by similar but denser and more closely aggregated layers; an open cellular structure; then layers of a waved outline interspersed with elongated cavities, and covered with a thin white crust; color light fawn. Exterior: nearly covered with numerous very irregular projections of different sizes; ground color light yellow; many of the elevated parts white.

Presented by Dr. John Ashhurst

14071.5. Intestinal Calculus from a horse. Fatal.
2732
122
Pres by Dr. Jno. Ashhurst

14071
A h 2 "Vesical". The larger portion of a half calculus.
2736
122 1, 1.5 (excluding the external crust, which is wanting at each extremity). b, .7 (of the same). Crust, .16 t, (1-2) .4. Interior: centre compact, becoming cellular surrounded by a harder layer; light yellow, outer layer very light. Crust soft-cellular white. Exterior: rough granular from fine, somewhat crystalline projections.
S.R
Case 9
shelf 1

14072 White. Storeroom case 9-shelf 1
A h 3 "Vesical". One half of a calculus. Of irregular
2737
122 outline. l, 1.6 b, 1.42 t, (1-2), .55. Interior: nucleus excentric; oval, drab color, with a small central orange spot. Crust white, chalky, cellular, two cells forming long curved lines or cracks, the convex side towards the nucleus. Exterior rough, from small tubercles, white. The red spot is impure uric acid; the fawn colored contains much oxalate of lime and some urate of ammonia. The crust fusible, with some oxalate of lime.

14073
A h 4 "Vesical". One half of an irregular calculus. l,
2729
122 1.5 b, 1.34 t (1-2), .54. Resembles so closely the former as to lead to the suspicion that it is the other half from which a thin slice of the interior had been removed. The principal difference is in the excentric nucleus which is much smaller, and without the central red spot.

14074.
A h 5 A very small irregular calculus broken into
2738
122 three fragments. Interior: nucleus with a curved line of yellow within the also curved drab exterior layers, covered by a white crust.

14081.1 Broken fragments of Calculi?
2789 Storeroom case 9 - Shelf 1.
122
9.

14075
A h a h l "Vesical". About seventeenths of a slightly flattened oval calculus. l, 1.72 b, 1.45 t, 1.2. Interior: an oval moderately hard centred nucleus of a fawn color. Succeeded by white and alternately white and fawn, a thicker fawn, layers of white and fawn, all covered by a thicker white easily separated crust. Exterior: very minutely granular White. The darker parts are uric acid, with much carbonate of lime, which appears to be deposited between the very thin layers of the broader bands ~~are formed~~. White layers also contain carbonate in sufficient amount to cause them to fuse with difficulty.

14080 B. Urate of soda. Storeroom (!)

B 1. "Vesical, .2 fragments". This (the largest) appears to be about one half of an irregular calculus; soft and chalky. Interior uniform white, with few cavities. Exterior: scaly whitish; on one side a partial crust, with a rounded prominent edge. l, 1.25 b, 1.1 t (1-2), .55. (Smaller fragment irregular, soft, white; sent to U.S. Army Museum, Washington).

14081
B 2 "Vesical" (?). Rather more than one half of a small irregular, very hard calculus. l, (1-2) .39 b, .69 t, .6. Interior: not distinct; a few indistinct broken layers, mottled lighter and darker purplish brown. Exterior slightly roughened, with nodule dirty brown.

Lost Storeroom Case 9 - shelf 1 jar empty

14082
B 3 A large number of thin flat fragments of irregular shape, smooth and shining on one side; the other in many places dotted with small rounded tubercles, salmon color. Diffused in water, under the microscope, exhibits numerous small acicular crystals. Consists principally of biurate of soda; it also contains free uric acid and traces of a phosphate, and some animal matter, which renders it so tough as to powder with difficulty.

27139. 122 7.

14083 C. Urate of ammonia.
C 1 "Vesical". Many calculi of various sizes, and some fragments. Largest, 1, .7 b, .35 t, .3. Interior uniform, compact; bright salmon color. Exterior smooth in some, dull in others, showing large tubercles, grayish yellow.

27140 122 4

C 2 "Vesical". Three calculi of nearly the same size and one much smaller. Very like the previous calculi, but the tubercles are more prominent and distinct.

C 3 "Vesical". Numerous fragments, irregular, whitish; contains much fusible and some carbonate of lime.

C 4 Four nearly spherical calculi, one divided by fracture. Largest, .4. Interior: compact layers, indistinct, with stria radiating from the centre, nearly white. Exterior: smooth, yellowish white. Contains much fusible, with an excess of ammonio-magnesian phosphate.

Storeroom Case 9 - Sh. 1

14084
C 5 "Vesical". One calculus divided by section. Very irregular. l, 1.2 b, .75 t, .5. Interior: nucleus excentric composed of drab colored layers, with two interrupted white, next a succession of fawn and much thinner white layers, increasing gradually in thickness towards one extremity, so as to render that end very prominent. Exterior smooth, polished, denuded, exposing the edges of the numerous thin layers; color fawn. The nucleus contains some lime, and exterior white and colored layers much fusible.

14085
C 6 "Vesical". One half of a very regular oval calculus, much flattened. l, 1.7 b, 1.1 t (1-2), .3. Interior: an oval compact white nucleus, surrounded by a salmon band-succeeding layers, compact, of a lighter color, covered by crust of the color of the nucleus; this separated from the interior by a granular layer, much cracked. Exterior rough from smaller and larger nodules; gray. Storeroom Case 9 - Sh. 1

14086 S.R. case 9 - Sh. 1
C 7 "Vesical". "A stone removed by Charles Bell Gibson, M.D." ~~"Peter Starr aged 21 years"~~. A regular oval; slightly flattened. l, .9 b, .65 t, .4. Interior: a pale, very small central nucleus succeeded by darker layers and a thin easily separable darker crust; pale fawn. Exterior: with a rough, nearly conical protruberance terminated by several large tubercles near one extremity; light brown. Body of the calculus urate of ammonia. The crust con-

tains in addition much uncombined uric acid.

~~A stone named by Charles Bell Gibson, M.D., Professor of Surgery in the Medical College of Va.~~ Peter Starr aged 21, admitted September 8, 1858. General health very good. Occupation, that of a farm hand. He had symptoms of stone in the bladder ever since he was a child. It did not inconvenience him much, although at times it produced uneasy sensations in the bladder. On the seventeenth he was operated on, and a calculus about the size of a nutmeg was removed. The incision was commenced about an inch and a half above the anus, on the left of the median line, and it continued about two inches. The skin was removed by the fingers of the operator, without the aid of forceps. After the operation no catheter was introduced, but the patient ordered to keep on his left side, with the knees tied together. On the third day after the operation the urine commenced to pass through the penis. Before that time all of its way through the wound.

26th: doing well; all the urine passes through the urethra. Oct. 17th: discharged, cured. He had not a single bad symptom, and took no medicine.

Junius Michie.

C 8 V
14087. "Spontaneously discharged from bladder of man aet. 57, E. Stanley". Two (one half sent to U.S.A. Museum, nearly oval calculi, one divided by section. Interior: very close layers, salmon color, with a thin gray crust. Exterior smooth, gray. Uncut calculus, 1.55 b, .4 t, .3.

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14090 C. a. Urate of ammonia, uric acid.

C a 1 "Vesical". A nearly regular oval flattened calculus (one half sent to U. A. Army Museum) divided by section. l, l. b, .69 t, .45. Interior: a small, round, compact nucleus, separated from the next part which is oval by a ring of white dots, both drab; these succeeded by cellular layers, first yellow, then white; the whole covered by a thin tubercular yellow crust. Exterior nearly covered by tubercles; some near the middle, rounded, smooth; others at both extremities, smaller, more crowded, rough and irregular; color yellow. The nucleus and succeeding layers urate of ammonia, with some lime; the yellow crust, uric acid also containing some lime.

14091 Storeroom (2)

C a 2 "Vesical". One half of a regular ~~D~~ oval flattened calculus. l, 2.05 b, 1.64 t (1-2), .45. Interior: A slight yellow surrounded by a nearly circular yellow layer, then a few layers alternately light and orange yellow to an oval fissure separating them from next layers, which are lighter and granular, the whole constituting the nucleus. The crust, which is also separated from the nucleus by a fissure, is composed of compact, thin layers, of a light yellow. Exterior: slightly uneven, and with some obscure tubercles; yellow.

14092

C a 3 "Vesical". An irregular oval flattened calculus, divided by section. l, 1.6 b, 1.45 t, l. Interior: a compact drab colored nucleus, somewhat granular at

the centre; crust a succession of thin but well defined layers of a lighter and darker yellow. Exterior: smooth, mottled; yellow.

14095 C a h. Urate of ammonia, uric acid, fusible.

C a h 1 "Vesical". One half of an irregular oval flattened calculus. l, 1. b, .8. t, (1-2), .26. Interior: a very irregular compact fawn colored nucleus followed by a soft granular dull ye low deposit constituting the nucleus; secondary deposit also granular, but with partial indistinct layers, of a bright yellow. Crust drab tinted with yellow near the secondary deposit. Exterior: rough, with minute granules; dirty white.

14098 C e. Urate of ammonia, oxalate of lime.

C e 1. "Vesical". One half of a calculus. l, 1.46 b, 1.15 t (1-2), .5. Interior: An irregular centre of fawn color surrounded by concentric layers of a light yellow; crust, commencing with thin, even layers, gradually becoming waved and then tubercular, the prominent tubercles separated by interrupted fissures, the whole covered by a translucent crystalline nearly colorless deposit. Exterior: wholly covered and rendered very rough by the sharp edges and points of the crystals; dirty white.

14099 C e 2 "Calceolo vesicale di non comune configurario ne e superficie extralto con epto felice ad un giovinetto si anni sei con il metto do late valicato del Prof. du Clinica in Pome, Giuse Costantino." A calculus cut transversely. l, 1.4 b, 1.3 t, 1. Interior: a

nearly oval nucleus of a fawn color; crust, hard, almost immediately forming a wavy, then tuberculous, terminating in very prominent, conical, tuberculous tubercles; at first a rich purplish brown, becoming at the exterior brown. Exterior: totally covered with the very prominent tubercles; brown.

14100
C e 3 "Urethral, 2 calculi". The smaller resembles a
2692. date seed. The large, an elongated oval, divided
122
5. through the crust one half of which is separated.
1, .65 b, .3 t, .3. An elongated oval nucleus consisting of easily separated layers; fawn color. Crust separated easily from the nucleus; of a lighter fawn color. Contains much urate of ammonia. Exterior smooth; dirty yellow. Storeroom Case 9-shelf 1

14101
C e 4 "Stone taken post mortem." From Bache and Den-
2693. ton's patient, Children's Hospital (one half sent to
122
5. U.S. Army Museum, Washington). This is a [illegible] bears a strong resemblance in shape to a clove just opening into flower. At one end an elongated oval attached by a neck to a part shorter and broader, studded with tubercles and crystals. Interior: the nucleus is in the smaller extremity; commencing with soft, nearly white, followed by compact fawn colored layers; very much thickened toward the other extremity, which is formed of aggregated tubercles; brown. Exterior: smaller and covered with small, smooth, rounded tubercles, which on the neck become crystalline. The enlarged extremity formed of large crystals and conical tuber-

cles; brown. 1, 1.1 b, small end, .3, neck, .22, larger end, .4 t, the same.

14102 C e h. Urate of ammonia, oxalate of lime, fusible.

C e h 1 "Vesical". Nearly six-sevenths of an oval calculus, with one side flattened; divided by section. 1, 1.6 b, 1.4 t, 1.2. Interior: A small, nearly white irregular central nucleus; secondary layer hard, commencing with a uniform deposit, immediately becomes wavy, passing in tubercles with cellular interstices, succeeded by a second similar deposit, and finally a third very tubercular, with larger cavities. Color brown, the surfaces of the tubercles lining the larger cavities stained of a dark brown, in some nearly black. Crust, white, of varying thickness, being very thin at one end, and close to this part at the commencement of the flattened surface, the thickest; also, thick on the flattened part. Exterior, granular, rough, most so around the flat part; white and light yellow.

14103

C e h 2 "Vesical". (One half sent to the U.S.A. Museum, Washington). An irregular oval calculus divided by section. 1, 1.5 b, .9 t, .78. Interior: nucleus irregular, oval, compact, layers indistinct, fawn color. Contains some oxalate of lime; secondary deposit, commencing of a light yellow, soon becomes fawn color, with lines, and finally, tubercles. Contains much urate of ammonia. Crust: altarnations of white and very thin fawn colored layers, covered at the two extremities by a thicker

white cellular deposit. Contains much urate of ammonia. Exterior: very rough, with a crystalline deposit; yellowish white.

14104 Storeroom case 9 - shelf 1
C e h 2 "Vesical". A very irregular calculus divided by section. 1, .9 b, .61 t, .5. Interior nucleus regular, oval, centre mixed hard and soft, exterior layers compact, light fawn color; secondary deposit mottled from obscure tubercles; exterior edge waved color of a lighter fawn. Crust hard, yellowish white. Exterior: very irregular, with several wavy protruberances, rough on the surface; remainder of the surface covered with irregular tubercles.

2750
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14105 C f. Urate of ammonia, phosphate of lime.
C f 1 "Vesical". About two-thirds of a half calculus, flattened oval. 1, (1-2) .65 b (1-2), .55 t (1-2), .36. Interior: a large oval nucleus 1.95 b, .65, compact fawn color, the centre and a few layers yellow to fawn. Crust, uniform, compact, white, separated from the nucleus by loosely aggregated granules. Exterior: surface totally covered with rounded, slightly elevated tubercles, rough from minute crystals. The crust contains some oxalate and carbonate of lime and a large amount of ammonio- magnesian phosphate, this last being in greater amount near the surface. S.R. Case IX - shelf 1

2751
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14106 C f h. Urate of ammonia, phosphate of lime. Fusible.

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C f h l "Vesical". One half of a calculus. l, 1.25 b (across the centre of the nucleus), 1.17 (broadest part), 1.36, t (1-2), .4. Interior: Nucleus nearly oval l, .9 b, .55; compact in the centre, becoming cellular near the exterior color; a nearly central small yellow spot; the rest drab. Contains some oxalate of lime. Secondary deposit, six layers white and fawn colored alternately, the latter slightly translucent. Phosphate of lime with a large amount of oxalate and some ammonio-magnesian phosphate, and urate of ammonia. Crust, very irregular, forming over one extremity and the sides of the secondary layers an irregular but not thick deposit; at the other extreme it increases to the extent of .55 in thickness; white, chalky, with some faint yellow layers intermixed; contains some urate of ammonia.

14107 C g. Urate of ammonia, Ammonio-magnesian phosphate.

C g l "Vesical". A very irregular calculus divided by section. l, 1.85 b, 1.2 t, .85. Interior: a very excentric nucleus, nearly one-third of its surface without any crust. Centre compact, with thin distinct layers fawn color; the remainder of alternate white and fawn layers, the latter the thicker. Regular oval l, 1.15 b, .65. Crust wanting on one side of the nucleus, moderately thick at one extremity; it gradually enlarges on the opposite side, and bulges out into a deposit of .75 on approaching the other extremity; compact yellowish white. Exterior: very smooth and shining on the surface of the exposed crust; fawn color. The remainder slightly rough; white.

V

14108 C h. Urate of ammonia; fusible.

C h l. "Vesical". An irregular calculus divided by section. 1, 1.3 b, 1.15 t, .76. Interior: a small oval nucleus, fawn color, succeeded by alternate fawn and white layers; the fawn very thin, the white increasing in thickness especially at the ends, to an exterior crust, which is thicker than any layer and on one side is gradually elevated into a prominence three times the thickness of the rest. Exterior with a few scattered tubercles; yellowish white.

Storeroom Case 9 - shelf 1

14109
C h 2 "Vesical". One half sent to U.S.A. Museum, Washington. Part of a calculus divided by section, about one-third of the exterior layers of the crust wanting; 1 (1-2), .86 b, 1.4 t, .95. Interior: nucleus irregular, compact; fawn color, with a layer of light salmon. 1, .7 b, .55. Crust of nearly uniform thickness; white, chalky. Exterior, rough, with numerous miliary tubercles. Contains much oxalate of lime.

2754
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14110
C h 3 "Vesical". Nearly all of an irregular flattened oval calculus. 1, 1.05 b, .8 t (1-2), .2. Interior: a small, nearly central nucleus, irregularly oval; fawn color, succeeded by alternate very thin fawn and white layers, to a very cellular oval deposit in a broad white layer; then a similar succession of layers in white is most abundant, and the last is thickest and white. Exterior: slightly rough, with a very thin brown coating, in parts detached and below white. The opposite side has much of the exterior removed. The white surface, when wet, exhibits a crystalline structure. The crust contains an excess of phosphate ammonia and magnesia.

2695
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125.

14111
C h 4 "Vesical". A regular flattened oval calculus, divided by section; part of one half wanting. 1, 1.38 b, 1. t, .6. Interior: a large oval nucleus composed of successive layers of brownish yellow and light brown; compact. Crust about .11 at the thickest part, in

2790
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129.

alternate white and darker layers; general color

others very thin; yellowish white. It contains much urate of ammonia.

14112
C h 5 "Vesical". A regular flattened oval calculus, divided by section. l, 1.4 b, 1.2 t, .8. Interior: a large, regularly oval central nucleus in layers. fawn, darkest in central and external deposits. Crust, t .25, slightly thickened at one end; white, chalky. Exterior rough, with small irregular tubercles; yellowish white.

14113
C h 6 "Urethro-vesical". An irregular calculus, divided by section. l, 1.45 b, .9 t, .8. Interior: an oval nucleus; centre, soft fawn color, becoming harder and lighter in color until nearly white, terminated by a hard, darker band. The centre is nearly pure; oxalate is contained in the outer deposits, especially the last. Crust of irregular thickness, at first a regular oval deposit, cellular; on one side not covered by any additional layer, on the other by a crust .07 in thickness, more minutely cellular, and at each extreme an addition increasing in thickness in the opposite directions. The termination of one end is oval, the other in an abrupt straight line. There is in the crust an excess of ammonio-magnesian phosphate. Exterior: rough from a crystalline deposit; less so on a neck-like portion and a prominent spot near the other extremity.

14114
C h 7 "Vesical". One half of a calculus in section approaching a square form. l, .69 b, .6 t (1-2), .25. Interior: nucleus nearly rectangular (much wanting); fawn color. Crust, a broad white compact deposit, alternate white and darker layers; general color

nearly white. Exterior remains of a salmon-colored, easily separated crust, denuded parts nearly white.

14115 C h c. Urate of ammonia, fusible; urate of ammonia.

C h c 1. "Vesical". Part of a half calculus of a regular oval, much flattened. 1, .95 b (1-2), .4 t (1-2), .26. Interior: nucleus large, compact, oval; light fawn. Secondary deposit varying in thickness, nearly white. Contains much urate of ammonia. Crust uniform, compact, fawn color. Exterior: a thin, partly removed crust of a light brown; denuded parts; very dark brown.

2696. 122 5.

S.R. case 9 Sh. 1

14116 C h e. Urate of ammonia, fusible, oxalate of lime.

C h

C h e 1 "Vesical". A regular flattened oval calculus, divided by section. 1, 1.32 b, .9 t, .65. Interior: an irregular compact fawn colored nucleus, succeeded by very light colored, then a series of darker and light layers. Secondary deposit, nearly white, compact, of irregular thickness, (greatest, .1). Crust, hard, very thin, dark yellow. Exterior: numerous small and some large flat tubercles; yellow. The series of darker and light layers, alternately urate and fusible.

2697. 122 5.

14117 C h f. Urate of ammonia. Fusible. Phosphate of lime.

C h f 1 "Vesical". One half of a regular oval, somewhat flattened calculus; fawn color, with a central brown spot. Secondary layer soft, white, divided from the crust by dark waved line. Crust harder and more compact; nearly white. 1, 1.37 b, 1.07 t (1-2), .46. Exterior partly denuded, roughened with small tubercles. Contains some oxalate of lime.

2698. 122 5.

14118
C h f 2. "Vesical". One half of a somewhat rectangular calculus. 1, (without the crust), 1.15 b, (do),.88 t (1-2)do), .4. Interior: an oblong compact nucleus, with a cellular border; light fawn color. Secondary layer white, soft, divided from the nucleus by a cellular deposit. Crust, a thin compact layer, covering the whole exterior, followed by a cellular of the thickness of .95, which, except a small portion at one extremity, has been removed. Exterior: slightly rough; nearly white exposed interior layer; slightly tubercular in parts; light yellow. The secondary deposit contains an excess of ammonio-magnesian phosphate, a small quantity of which is also in the crust. S.R. case 9 Sh. 1

2699 122 5.

14119. E. Oxalate of lime.

2700 122 5.

E. 1 "Vesical mustard seed calculi passed". These vary in size from a poppy to that of a black mustard. They are very smooth and shining, and of a salmon yellow. Presented by Dr. Mütter. (Orig. Mütter Catalogue-p. 55-# 11)

14120
E. 2 "Vesical". One half of a very irregular calculus. 1, 1.3 b, 1.05 t (1-2), .56. Interior: very hard; centre cellular surrounded by a more uniform deposit; the remainder consisting of obscure tubercles separated by ranges of cells radiating from the centre; color mottled yellow and brownish yellow. Extremity: very irregular, from prominences covered with tubercles having a crystalline surface; color brown and gray.

2701 122 5.

Lost 14121 Storeroom - Case 9 - Sh - 1 - Jar empty
E 3 "Renal". A very irregular calculus, divided by section. 1, .94 b (greatest), .71 across the point of first deposit, .4 t, .45. Interior: The apparent point of commencement (centre .3 from smaller end) is mixed very hard and soft, traversing a cavity

2702 122 5.

(.25 in breadth), which is very rough in the interior. The layers surrounding this are thin at the side, and increase in thickness centrally toward the smaller end. At the opposite end they soon begin to increase laterally, more on one side than the other, and form a broad, rounded prominence. Color at the small end, dark brown. Exterior: granular, with some large and small tubercles. Brown, with light yellow surrounding a semilunar brown spot on the lateral protruberance. Presented by Dr Mütter (Orig Mütter Catalogue Pg 56-#35)

14122
E. 4 One half (nearly) of diamond-shaped calculus. 2703. 1221. 6. .62 b (1-2), .25 t (1-3 ?), .1. A nucleus cellular round half the centre; light yellow surrounded by a thin brown band, exterior lighter, with a cavity near one of the points of the rhomb, the opposite point broken off. Exterior: with broad, slightly prominent tubercles part of the surface removed, showing the brown layer which is also tuberculous.

14123 missing
E. 5 "Vesical". Numerous fragments of varying size, 2704. 122 6. some exhibiting broad smooth tubercles, dark brown; some apparently the parts of a small calculus brown in the interior, with very thin white crust. They contain a small amount of phosphate of lime.

14124 missing
E a. Oxalate of lime, uric acid.

E a 1 "Presented by David Gilbert". More than one half of a calculus of the form of an oblate spheroid. "The stone measures 7 1-2 inches in its largest, and 6 1-2 in smallest circumference, and weighs 6 oz." Trans. Coll. Phys. Phil. N.S., Vol. IV, p.63. The diameters of section are 1, 2.1 b, 1.7 t (from the surface of

the section to the most prominent tubercle, more than one half of the largest diameter), 1.49. This calculus bears a remarkable resemblance to thick skin, dark pulp variety of orange. Interior: a small central irregular nucleus, with a semilunar depression on one aide, and tongue-like intrusion within the next quarter of the circumference, the rest approaching the circular form, but with waved outline, of a dark color, and separated from succeeding deposits by a thin dark brown line. This is followed by a deposit of very prominent light brown tubercles, with deep fissures, filled with a lighter colored matter, succeeded by a very thick deposit of tubercles, some of which are very prominent. The color is darker brown, increasing in intensity to the outer edge. The whole consists of oxalate of lime, very pure in the centre, but giving indication of uric acid, especially in the exterior layers. Crust, of varying thickness, ~~in~~ wavy, corresponding at first to the tubercles, but becoming less curved in proportion as they approach the exterior. Color, orange yellow, with a thin interrupted layer of a brown color (oxalate of lime) and varying thickness, near to, and in a few points protruding through the exterior layers. Exterior: covered with broad, slightly elevated tuberculate prominences, with a few points of tubercles of the brown interrupted layer protruding. The prominences and tubercles are smallest on the two opposite flattened surfaces.

14125 Storeroom case 9 - shelf 1
E a 2 "Vesical". Six irregular calculi, from 1.1 to
2705 122 6. .55, one in fragments. This has a mixed interior, white and soft, light brown and hard, and in one point light brown tubercles appearing through the exterior crust. Contains some fusible calculus. Crust thin, nearly white. Exterior nearly smooth; very light yellow.

14130 E. f. Oxalate of lime. Phosphate of lime.
E f 1 "Half of calculus removed by lithotomy, youth aet.
2706 122 6. 19. Oxalate of lime surrounded by phosphate and carbonate of lime, E. Stanly." Commencement granular crystalline surrounded by concentric layer hard, followed by mixed granular, crystalline tubercular deposits, then hard wavy layers, soon becoming small, ad finally very prominent tubercles, light brown, translucent. Crust filling up the depressions of the nucleus of varying thickness. Soft white. Exterior irregular, giving but slight indications of the tubercles beneath by broad flattened prominences; granular; light yellow; nearly semiglobular cham. 1.2. Presented by Dr. Mütter (Orig. Mütter Catalogue - Pg. 56 - # 51)

14131
E f 2 "Vesical". One calculus unequally divided by sect-
2760 122 8 ion. 1, 1.52 b, 1.28 t, 1.28. Interior: centre hard, tuberculous, very light brown, darker in the centre and prominent outline; succeeded by a very crystalline, translucent nearly colorless deposit. Crust soft, white, intersected by nearly colorless translucent layers which are broadest near the nucleus; very thin near the exterior. Exterior uneven from granular slightly prominent elevations. Very light yellow and white.

14132 Storeroom case 9 - Shelf 1
E f 3 "Vesicular post mortem". Presented by Dr. R. Lanche.
2707-122-6. An oval calculus much flattened on one side, unequally divided by section and fracture. 1, 1.55 b, 1.2 t, .92. Interior: centre oblong hard, brown, succeeded by nearly loosetubercular light brown, covered by minute round granules giving a granular structure and appearance to the whole. Crust at first so much intermixed with light brown granules as to be gray; becomes in the exterior easily detached; exterior layers soft, uniform and white. The nucleus contains some fusible, the crust much oxalate, with a little fusible at first, becoming in the outer layers nearly free from oxalate.

14133
E f 4 "Vesical". A small oval calculus divided by section. 1, .66 b, .4 t, .25. Interior, an aggregation of tubercles becoming crystalline at the exterior, brown. Crust, thin, filling up the crystalline irregularities of the nucleus; white. Exterior smooth, except where the nucleus is so near the surface as to show a light brown through the general yellowish white.
2708-122-6.
Dr R Lenche
Storeroom case 9 Sh. 1

14140 E.f.e. Oxalate of lime, phosphate of lime, oxalate of lime.

E f e 1 "Presented by Dr. David Gilbert" "Case" "Mr. Hellerman, aet. 49 years". This stone, 1-4 fragment sent to U.S. Army Museum, weighs two ounces, and from its appearance, belongs to the oxalate of lime or mulberry variety. A flattened oval calculus divided by two sections at right angles to each other, and reaching the centre. 1, 2. b, 1.64 t, 1.04. Nucleus oval, consisting
2761-122-8

of hard tubercles, with cellular interspaces, dark brown, surrounded by a very light yellowish, brown, translucent, tuberculous deposit; secondary deposit consists of thin layers, the same transparent matter interspersed with patches and layers, soft and white, giving a white, shaded, with brown, aspect to the whole deposit. t, (in the direction of the largest dianeter) .25. This layer is composed of phosphate of lime (white) and oxalate of lime (colored) the former preponderating to moderate extent. Crust, commencing with a dark brown waving line of deposit; it soon becomes very tuberculous, with deep fissures and of a lighter brown; then succeeds a thicker dark brown waved line, a series of lighter brown layers, a dark brown layer, the whole covered by clusters of minute round tubercles, the greater number sprinkled with very small crystals; light brownish yellow.

14141
E f e 2 "Vesical". An oval much flattened calculus divided by section and fracture. l, 1.65 b, 1.35 t, 7. Interior: Nucleus at the centre a round whitish spot surrounded by a gray lenticular spot or deposit, next nearly white obscured by tubercular, terminated by a gray trubercular line. Secondary deposit, white lines of deposit obscure, regular, terminated by a regular edge. This deposit contains some oxalate of lime. Crust separated by a very thin line in part orange yellow, in other parts light brown; it soon exhibits obscure translucent, nearly colorless tubercles mixed with opaque white, the tubercles being better defined in the last deposit. Exterior tubercular, roughened with crystalline grain; nearly white.

Calculus.

14143.
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14148 Fragments of a calculus crushed four times. Case of Mr Fairchild. Removed by Dr D Hayes Agnew. Presented by Dr. Willard.

14150 E f e h e h. Oxalate of lime, phosphate of lime. Fusible, oxalate of lime, fusible.

2791
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9.

E f e h e h l "Vesical". Cut from Alderman Ireland by T. D. Mutter. Weight, 8 oz. This calculus, which was crushed for extraction, is too much broken for measurement. From imperfect data measured from the centre of the cut nucleus it was about 3.3 long and 2.1 broad. Interior: The nucleus oxalate of lime with much organic matter, has shrunk to scarcely one-fourth the cavity it has left. The walls, which are encrusted in part by a nearly colorless layer, are tuberculous and varying in thickness, with waved and tuberculous outline. The succeeding secondary deposit is soft, white, not exceeding at the thickest part .2. Next, secondary, hard, brown tubercular, not over .1 thick. Next, white soft, next hard, lighter, indistinctly tubular. Crust, nearly white; soft layers; deposit distinct. Exterior ? yellowish white; slightly rough.

Presented by Dr. Mütter (Orig. Mütter Catalogue - Og. 60 - # 186)

14151 E f h. Oxalate of lime, phosphate of line, fusible.

2762
122
8

E f h l "Vesical". Part of an oblong flattened calculus in four fragments by section and fracture. l, 2.6 b (1-2) .95 t (1-2), .32. Interior: nucleus, centre small, round, tubercular, succeeded by a cellular tubercular deposit, with compact waved exterior, then a cellular tubercular, with a broad compact exterior, and prominent tubercles, penetrating the secondary deposit. Secondary deposit at first filling up the prominences of the nucleus, then at their extremities becoming well defined with rings of different colors, light yellow, black and white. This contains some carbonate of lime and ammoniomagnesian phosphate. Crust soft, white layers, indis-

tinct; traversed concentrically by two thin yellow layers, slightly waved (exterior more so). It contains some carbonate of lime and urate of ammonia. Exterior, in parts not denuded, yellowish white.

14152 V E. g. Oxalate of lime. Phosphate of ammonia and magnesia.

E g 1 "Vesical". One half of a small somewhat rhomboidal calculus. 1, 1.1 b, .7 t (1-2), .32. Interior: centre hard, a collection of light colored tubercles with a darker exterior edge, followed by a lighter colored compact tubercular deposit, very prominent on the exterior. Crust, soft mottled white with very light yellow. It contains little phosphate of lime and urate of ammonia. Exterior, granular, rough. Nearly white.

2711 122 6

S.R case 9 Sh-1

14153 V
E g 2 "Extracted Oct. 1855, Benj. Garden, aged 11 years. Native of Charleston, So. Ca." A calculus divided by section, one half sent to U.S. Army Museum. 1, 2.2 b, 1.46 t, 1.25. Interior, nucleus commencing as a collection of brown granules, becoming nearly colorless and translucent and finally yellow, with a tubercular outline. The nucleus contains phosphate and carbonate of lime, the latter most prominent in the outer deposit. Crust, thick, at first much intermixed with granules and layers of carbonate of lime, producing a gray hue. These nearly disappear in a broad white band which at the two opposite sides form the outer crust and have in section a regular oval outline. The ends of the calculus are increased by an additional deposit somewhat cellular and soft; at one end the form is that of a small cres-

2763 122 8

cent, producing an ovoid termination, at the other a large crescent abruptly cut off in the centre, making the end nearly flat. Exterior, granular, rough, yellow.

14154
E g 3 "Vesical". A calculus unequally divided by fracture. Ovoid, flattened on one side. l, 1.7 b, 1.25 t, 1.15. Interior: nucleus excentric, commences granular, surrounded by uniform hard thin layers, then tubercular and cellular, in a regular oval form. The succeeding layers increase in thickness, more on one side, the opposite side becoming the exterior of the calculus. Color light yellow. The division line between the nucleus and crust indistinct. The nucleus contains some uric acid and urate of ammonia. Crust, this envelopes about five-sixths of the nucleus, with the thicker layers, the remainder being very thin, thickest opposite the flattened surface and becoming less thick on the opposite ends; crystalline, granular, cellular; very light yellow Exterior, rough on the thicker part of the crust, with coarse, nearly white crystalline grains separated by numerous small fissures. Over the nearly exposed nucleus the surface is rough from small tubercles and yellow.

14155 E h. Oxalate of lime, fusible.
E h 1 "Vesical". A broad ovoid flattened calculus, divided by section and fracture across the breadth. l, 1.32 b, 1.3 t, .8. Nucleus ovoid centre excentric, growth greatest toward the smaller end, granular, becoming tubercular layers, cellular between, separates easily from the crust, with a surface cover with slightly

elevated tubercles; color light yellow. Crust in layers, some easily separable, homogeneous, soft, white. Exterior finely granular, white. The nucleus contains some fusible and carbonate of lime and the crust some carbonate and oxalate of lime.

14156
E h 2 "Vesical". A broad oval calculus, flattened on one side, divided longitudinally by section. l, 1.56 b, 1.34 t, .95. Interior: nucleus with a tubercular centre enclosed by an oval hard layer, beyond which it becomes prominently tubercular and crystalline, intermixing on the outer parts with the crust. Color light brown. Crust granular, very cellular in the thicker parts, nearly white. The crust contains some oxalate and carbonate of lime and urate of ammonia. Exterior, rough, with gramular masses over the thicker parts of the crust, becoming less prominent and smaller on the flattened parts. Color yellow, white on the gramular masses.

14157
E h 3 "Vesical". A spheroidal calculus, slightly flattened. l, 1.55 b, 1.55 t, 1.3 ?, divided by section and fracture with parts of the layers of the crust separated. Interior: nucleus excentric, at first very irregular, small, then succeed waved layers enclosing an oblong curved cavity with a dark brown surface; beyond these the deposit becomes tubercular and in parts very prominent, hard, of a light yellowish brown. Crust, soft, white, chalky, some layers easily separable. The nucleus contains much urate of ammonia in the centre, decreasing to the exterior. Exterior nearly all wanting, nearly white; interior layers white.

14159 A nearly oval Calculus 2.
2792.
122.
9.

14158
E h 4 "Vesical". A very irregular calculus divided by section. l, l.1 b, l. t, .62. Interior: a very excentric nucleus composed of distinct tubercles, each spherical, except where they intrude on each other; color yellowish brown, with a distinct reddish brown central points. Crust, in parts not covering the tubercles; in others very thick and projecting into several nearly conical protruberances; white, compact at the commencement, chalky on one side; the opposite granular, rough, yellowish white, with several yellowish brown tubercles of the nucleus projecting.

2716
122
6.

14159 Storeroom case 9- shelf 1
E h 5 "Vesical". A nearly circular much flattened calculus divided by section. l, l.19 b, l.1 t, .66. Interior: nucleus at first soft and irregular, containing much phosphate of lime, nearly white, surrounded by a hard brown layer, with radiating prominences, then succeed distinct layers, yellowish brown, hard, separated by spaces of a lighter color from the admixture of soft white dots. Crust, thin, white, chalky. Exterior nearly white, chalky, granular.

2719.
122
6

14160
E h 6 "Vesical". A small ovoid much flattened calculus, divided by section. l, l. b, .85 t, .5. Interior: Irregular ovoid consisting of granules enclosed by a compact hard crust, with a waved exterior outline; light yellowish brown. Crust, thick, uniform, chalky, white. Exterior, slightly rough, dirty yellow, dirty brown at the larger extremity.

2717
122
6

14161
E h 7

27 8
12 2
6.

"Vesical". A nearly ovoid calculus very much flattened and with one side less round than the other. l, 1.4 b, 1.05 t, .62. Interior: nucleus commences granular, then succeed thin layers of translucent gray and yellowish white, with a waved outline, then a broader band of yellowish brown, outside tubercular, and finally a broader and cellular layer of a light yellow (some of the cells filled with white) having a compact waved exterior of a darker hue. The nucleus contains a large amount of urate of ammonia at the centre, becoming less and less as the tubercular character is more manifest, but does not disappear. Crust, consists of white and fawn colored layers, each varying in thickness, the fawn being marked in the exterior, the white in the interior, where one band is very thick. The white predominates. The crust contains also much urate of ammonia and some oxalate, mostly in the interior layers, where the fawn colored deposit most abounds. Exterior, rough and granular, white, chalky.

14162
E h 8

27 20.
12 22.
6.

"Vesical". About two thirds of an oval calculus divided by fracture. l, 1.85 b (1-2) .67 t ? Interior: nucleus denuded, tubercular, brownish yellow. Crust at first compact, soft, nearly white, succeeded by a granular deposit and covered by a more compact, harder white coat. At each extremity an additional deposit, granular and separated by a very thin brown line. Exterior: brown, tubercular, glistening with small white scattered crystals. This color is produced by a very thin brown color or coating, which is in two

layers on the side and at the extremities divides, one passing between the harder compact and the exterior granular deposit, the other over the surface of the latter.

14163 V
E h 9
2764
122
8.

"Vesical". "Post mortem specimen, Dr. Webster, one half sent to the U. S. Army Museum. An oblong flattened calculus, divided by section. l, 1.8 b, 1.3 t, .95. Interior: nucleus very short oval, tubercular, hard, cellular, yellow with a blackish exterior band. Crust, moderately hard, very cellular, yellow near the nucleus, the remainder yellowish white. Exterior: very granular, rough, especially at the ends, which appear eroded. The crust contains some urate of ammonia and some uric acid. Presented by Dr. Mütter (Orig. Mütter Catalogue - Pg. 60 - # 185 - 1856)

14168 V Calculi removed by Dr D Hayes Agnew
Case of Mr Atherton. Presented by Dr. Willard.
Storeroom case 9 - shelf 1.

14164 Fragment of a Calculus -
Removed by Dr D Hayes Agnew

Presented by Dr. de Forest Willard.

14165 - Calculus removed by Dr D Hayes Agnew

Presented by Dr. Willard

Storeroom case 9 - sh 1

14167 Calculus removed by ~~Dr D Hayes Agnew~~ from an abscess opening into the right loin Hepatic Calculi. Sent by Dr Dodson of N.C.

Presented by Dr. de Forest Willard

14168 Calculi removed by Dr D Hayes Agnew Case of Mr Atherton. Presented by Dr. Willard.

Storeroom case 9 - shelf 1

are nearly symmetrical where they yet remain. Light, with three (one exterior) brownish yellow bands. Exterior: smooth, brown. One exterior is regular, nearly hemispherical, the other has many of the layers removed as if by friction in the bladder, exhibiting concentric bands.

14172 Missing
F 3 "Vesical" (?) A soft double nucleus". One half of an irregular ovoid calculus divided by section. 1, 2.05 b, 1.6 t (1-2) .95. Interior: apparaent at first two calculi, the one at the smaller extremity, has lost its interior and there memains a thick cellular circular layer rough on the inside and slightly deficient at the side towards the smaller end of the calculus. Then succeeds a deposit deficient at the same point. The other stone is deficient in near one

323b

14170 F Phosphate of lime.
F 1 "Vesical". About three-fifths of a regular oval calculus, part removed by section. 1, 2.45 b, 1.85 t, Interior: numerous oval translucent layers, some separable, hard and susceptible of polish, light yellow. Exterior, smooth, shining light, yellow.

14171
F 2 "Vesical". An elongate calculus constricted on one side about mid-length, divided by section and in small part by fracture. 1, 1.95 b, 1.25 t, 1.10. Interior: nucleus very excentric, situated near the symmetrical end; round and hard towards that end, tapering, soft at the other, succeeded by layers elongating in the same direction, gradually becoming more rounded so as to render both sides circular. The remaining layers

27/65
122
8

are nearly symmetrical where they yet remain. Light, with three (one exterior) brownish yellow bands. Exterior: smooth, brown. One exterior is regular, nearly hemispherical, the other has many of the layers removed as if by friction in the bladder, exhibiting concentric bands.

14172 Missing
F 3 "Vesical" (?) A soft double nucleus". One half of an irregular ovoid calculus divided by section. 1, 2.05 b, 1.6 t (1-2) .95. Interior: appraent at first two calculi, the one at the smaller extremity, has lost its interior and there memains a thick cellular circular layer rough on the inside and slightly deficient at the side towards the smaller end of the calculus. Then succeeds a deposit deficient at the same point. The other stone is deficient in near one half, where in contact with the former, and consists of three layers. The succeeding layer belongs to and envelopes both, but is separated into two parts opposite their point of contact. The next and the final layer is continuous, all hard, translucent, light yellow and marks of separation very evident. Exterior: smooth, light yellow, some of the external layers removed, showing the second layer similar to the first.

Presented by Dr. Mütter. (Orig. Mütter Catalogue - pg. 55-#17) 1856

14173 Calculus removed by Dr D Hayes Agnew. Presented by Dr. Willard
14174
F 4 "Vesical" (?) A fragment partly by section and partly by fracture; about one-fourth of a calculus. This resemblesa fragment of the smaller half of the previous calculus, but differs in the appearance of the layers, which are not so distinctly separated,

2766.
122
8.

and are yellow, succeeded by light brown, then yellow, with distinct radiating stria. The centre nucleus is likewise lost and the interior is rough and dark brown.

14175 V
E 5
2767
122
8.

"Extracted from a cyst in the walls of the urethra". Three small calculi irregular in shape, nearly white, the size of black mustard seed.

Storeroom Case 9.
Shelf 1

14176 Stoneroom case 9. shelf 1 3276

Fragments of a Calculus removed by Dr D H Agnew

Presented by Dr. Willard

14177. Fragments of a Calculus removed by Dr D.H. Agnew
Case of Capt. Enoch - Presented by Dr. Willard

14178 Calculus removed by Dr Agnew Presented by Dr. Willard

14179 Calculus removed by Dr Agnew
1871
Presented by Dr. Willard

Stoneroom case 9.
Shelf 1

Storeroom case 9-sh-1

14189. Calculus. "Vesical". Nearly half a flattened oval calculus. l (1/2). 95, b 1.35 t (1/2) 1. Interior: center-long oval, granular, surrounded by a nearly white translucent crystalline layer. The succeeding deposit is granular, yellowish white, covered by a thin more compact crust of three layers, the intermediate one brownish yellow. Exterior, granular-soft-white, with a few exposed nodules of a brownish yellow. Also contains some phosphate of lime.
2721
122
6

14193. Calculus. Storeroom case 9-shelf 1
2722
122
6

14194. Calculus. Storeroom case 9-shelf 1
2723
122
6

14196. Calculus
2724
122
6

14197. Calculus Hair pin removed from the female bladder
2725
122
6

14198. Calculus
2726
122
6

14199. Calculus
2727
122
6

14184. ~~Fragments of a Calculus?~~ Fh 4 "Urethral" A small nearly oval calculus. Partly cut in fragments l 35, b. 2. Interior nucleus excentric. Layers more freely deposited at one end. Lamilar-yellowish white. Crust easily separable, white. Exterior yellowish white granular. The crust contains phosphate of lime.
2770
122
8

14185 ~~Fragments from a Calculi?~~ Storeroom Case 9 Sh 1
2771 Phosphate and Ammonia. Missing
122
8.

14186. Fragments from Calculi? Storeroom case 9 Shelf 1
2772 "Vesical"
122
8.

14187. "Vesical". Fragments of Calculi? Storeroom Case 9 Sh. 1
2773. The above are in fragments of various sizes of a dirty gray and resembling the broken cancellated structure of bone. They contain but little phosphate of lime.
122
8.

14188. Storeroom case 9-shelf 1
2774 Fragments of Calculi?
122 "Vesical" fragments. Five large and numerous small fragments of a granular structure
8 yellowish white. Exterior granular.

Lost Empty Jar in S.R. Case 9-(1)
14190. Calculus. ("Vesical") An irregular fragment. Yellowish-white.
2776
122
8.

Storeroom Case 9 Shelf 1
14191 Calculus "Vesical" An irregular fragment yellowish white. The central part in these fragments is more compact and become cellular & granular toward the exterior. The exterior is coursely granular. Contains phosphate of lime and urate of Ammonia.
2776
122
8

Storeroom Case 9 Sh. 1
14192 Calculus. "Vesical" A large and several small fragments of a dirty white exterior. Interior light yellow compact-soft. It contains much phosphate of lime and urate of ammonia.
2777.
122
8

ular ovoid laminated, yellowish at the centre, becoming gray at the exterior. Crust, equal to two-fifths the diameter; soft, white, uniform. Exterior: granular, white, The nucleus contains some oxalate of lime.

14183
Fh 3 "Vesical". A large calculus divided by section.
2793
122
9. One side is ~~ib~~ nearly a semicircle; it becomes more prominent at the smaller end, and on the opposite

14180 Fh. Phosphate of lime Fusible.
Presented by Dr. David Gilbert. One half of smaller
2768
122
8. calculus sent to U.S. Army Museum. "Two calculi weighing 90 and 100 grains respectively". (Trans. of the College of Physicians of Philadelphia, Vol. III, p. 470, case 5). The larger, l, 1.15 b, .85 t, .6; smaller, l, 1.15 b, .75 t, .57. They closely resemble each other in shape and formation, are both divided by section. Interior: nucleus hard, triangular, the angles rounded, composed of alternate layers nearly white, and yellowish and fawn color; thick, except over one angle in the smaller and on two flattened sides in the larger. At first compact, becoming cellular towards the exterior; white, soft. Exterior: both triangular when viewed in two directions at right angles to each other. Rough, with granules of different sizes; gray. In the larger the nucleus appears on one of the two opposite flat surfaces as an elongated polished brown spot, l, .42 b, .28.

14181 Calculus removed by Dr D. Hayes Agnew. Presented by Dr Willard
14182
Fh 2 "Vesical". A small irregular calculus. l, .7 b, .55
2769
122
8 t, .55. Divided by section. Interior: nucleus irreg-

Storeroom case 9-sh-1

Calculus.

14189. "Vesical". Nearly half a flattened oval calculus. l (½) - 95, b - 1.35 t (½) 1. Interior: Center - long oval, granular, surrounded by a nearly white translucent crystalline layer. The succeeding deposit is granular, yellowish white, covered by a thin more compact crust. Three layers, the intermediate one brownish yellow. Exterior, granular - soft, white, with a few exposed nodules of a brownish yellow. Also contains some phosphate of lime.
2722 1 122 6

Storeroom case 9 - shelf 1

14193. Calculus.
2722 2 122 6

Storeroom case 9 - shelf 1

14194. Calculus.
2723 122 6

14196. Calculus

ular ovoid laminated, yellowish at the centre, becoming gray at the exterior. Crust, equal to two-fifths the diameter; soft, white, uniform. Exterior: granular, white. The nucleus contains some oxalate of lime.

14183
F h 3 "Vesical". A large calculus divided by section.
2793 2 122 129
One side is nearly a semicircle; it becomes more prominent at the smaller end, and on the opposite side loses its convex form and becomes slightly concave.

14200 H. Fusible.

H 1 "Vesical". A very irregular calculus divided by
2580 122 1
section in two directions, at right angles to each other and meeting at the centre. Interior: most compact at the centre and of a pale yellow, showing distinct layers towards the exterior and becoming lighter - all soft and chalky. One half of this calculus has a regular flattened out line in one of the sections, to one half of its extent; the other half has superadded an additional deposit extending in all directions, with a rough, soft, friable surface. This form gives the impressionthat the calculushad become encysted to one half its extent, and had subsequently increased by deposit only on the free side. Exterior: one half nearly smooth, light, yellow. Slightlygranular in patches before it begins to expand. The other half presenting a fungoid increased granular at the side, rough, with granules, and broken layers on the broad, exposed surface. It contains much urate

of ammonia. The smooth half of the calulus has the following dimensions: 1, 1.66 b, 1.5 t (1-2), .6. The The other half: 1, 2.2 b, 2.04 t (1-2) .72.

14201
H 2 "Vesical". An ovoid calculus, divided by section. 2581. 122 1.
One half sent to Army Museum. 1, 2.3+ b, 1.76 t, 1.76. Interior: cellular; soft, yellowish white. At one extremity increased by a crescentic cellular deposit, which is separated from the regular short oval body of the calculus by two very thin brown, with an intermediate white layer. The lines formed by these layers can be traced at intervals around the exterior of the remainder of the calculus. Exterior minutely granular. Nearly white. Contains some urate of ammonia.

14202 missing
H 3 "Vesical". Half an oval flattened calculus. 1,1.6 b (1-2) .46 b, 1.1. Interior: nucleus excentric, near one side. The first deposits are of an elongated oval; the next scarcely perceptible on one side, copious on the opposite; are loose and friable, finally become more compact, with less difference of the rate of increase on the opposite sides. The whole white and chalky. Exterior: minutely granular; yellowish white.

14203 Storeroom Sec 9-sh 1
H 4 "Vesical". 1, 1.7. An irregular somewhat curved 2582. 122 1. calculus.

14204 {2583 122 1. Storeroom case 9 - shelf 1
H 5 "Vesical". 1, 1.16. An irregular fragment.

14205
H 6 "Vesical" Irregular fragment. 2584. 122 1
These resemble each other closely, except in shape; are

white and friable, with a yellowish easily detached external coat. Storeroom case 9-shelf 1

14206
H 7 "Vesical". About seven-eighths of an irregular flattened ovoid calculus, divided by section. l, 1.52 b, 1.1 t (1-2), .4. Interior: a small nearly central compact white nucleus, surrounded by a cellular and granular crust of a yellowish white. Exterior: minutely granular, with a yellowish patch of larger granules on one of the flatter sides; larger end much roughened, as if corroded. Nearly white; contains urate of ammonia. Storeroom case 9-shelf 1

2585
122
1.

14207 Missing
H 8 "Vesical". About four-fifths of a small irregular calculus, divided by section. l, ? b, .7 t, .7. Interior: at the smaller end a semicircular nucleus ? occupying nearly the whole breadth; cellular, yellowish white; this is covered by a thick deposit slowly enlarging to the extremity, which is somewhat flattened. A narrow gray line near this extremity becomes lost in the lateral deposits. Color yellowish white; soft; Exterior: chalky white; it contains some oxalate and carbonate of lime.

14208 Storeroom case 9-shelf 1
H 9 "Vesical"; yellowish white filaments. {2586. 122 1.

14209 Storeroom case 9-shelf 1
h 10 "Vesical". white chalky filaments. {2587. 122 1.

14210 Lost-Empty jar in S.R. case 9-shelf 1
H 11 "Vesical". White small chalky fragments. {2588 122. 1.

14211 Storeroom
H 12 "Vesical". White chalky large and small fragments. {2589. 122 1.

14212 Missing
H 13 "Vesical". Large flat fragments.

Storeroom case 9 - shelf 1

14213
H 14 "Vesical". White soft fragments. {2590 12 1.

14214 missing
H 15 "Vesical". Yellowish white fragments mostly very small. {2591 12 1.

14215 missing
H 16 "Vesical". Yellowish white fragments.

14216 missing
H 17 "Vesical". Yellowish white fragments.

14217 missing
H 18 "Vesical". Yellowish white fragments.

14218 missing
H 19 "Vesical". White and yellowish white fragments.

Storeroom case 9 - shelf 1

14219
H 20 "Vesical". Yellowish white fragments. {2592 12 1.

14220 missing
H 21 "Vesical". Yellowish white fragments mostly small.

Lost - jar empty Sec. 9 - sh - 1

14221
H 22 "Vesical". Yellowish white fragments, mostly small.

2593. 12 1. These calculi closely resemble each other in appearance and composition. They contain some oxalate and carbonate of lime.

Storeroom case 9 - shelf 1

X 14222
H 23 "Vesical". About three-fourths of a nearly spherical calculus. More than half of the exterior layers broken off. Nucleus divided by section. Interior: an easily separable more compact nucleus. Composed at the entrance of easily separable layers, but becoming more compact; soft, chalky, yellowish white. The crust is of easily separated layers, very soft and friable; yellowish white. Exterior: rough from flat, irregular nodules, with intervening fissures; light yellow; harder than the interior. The only measure to be obtained is intermediate to l and b 2.1. This calculus contains

2594. 12 1.

an excess of phosphate of lime, which is very small at the centre and increases to exterior crust.

14223
H 24 "Vesical". "Urethro-vesical". An irregular calculus divided by section. l, 1.68 b, l. t, .95. Interior: nucleus excentric, oval, cellular, increase of deposit; slight on one side, greater on the opposite side; still more on one end and greatest at the other; soft, but more compact; yellowish white; layers distinct from slight difference in shade of color. Exterior: rough, from minute granules. At the large end bulbous, and having near the extremity a nearly conical protruberance (.2). Near the middle a line of depression (constriction ?) extending nearly round the calculus, from which part there is a shallow depression, crater-like, with abrupt adges and very rough surface; color yellowish white and white. It contains an excess of ammonio-magnesian phosphate and some carbonate of lime.

14224
H 25 "Vesical". A small lemon-shaped calculus. l, l. b, .72 t, .66. Interior: a distinct centre, with the remainder cellular, soft. No distinct layers. Exterior rough, slightly granular; yellowish white. It contains an excess of phosphate of lime and some urate of ammonia. Storeroom case 9-shelf 1

14225 Storeroom case 9-shelf 1.
H 26 "Vesical". An irregular oval much flattened calculus, divided by fracture. l, 1.8 b, 1.25 t, .5. Interior: a distinct, soft, chalky, white nucleus, the succeeding layers separate readily, but towards the exterior become more compact. Exterior: rough with minute

granules and small tubercles. It contains an excess of phosphate of lime and some urate of ammonia.

14226
H 27 "Vesical". Half a small oval flattened calculus. 2598. 122 1. l, l. b (1-2), .49 t, .56. Interior: no nucleus, but a cavity lined with crystalline tubercles; succeeding layers thin, distinct; soft, white. Exterior covered with a very thin yellow and brownish yellow crust. Contains excess of phosphate of lime and urate of ammonia.

14227
H 28 "Vesical". About nine-tenths of a small spheroidal 2599. 122 1. calculus. l (1-2), .4 b, .75 t, .56. Interior: granular; no distinct layers; yellowish white. Exterior: minutely granular; yellowish white. Contains some urate of ammonia. Storeroom case 9 - shelf 2

14228 missing
H 29 "Vesical". Twenty two irregular calculi, the small- 2600 122 1. est the size of a mustard seed. The largest, l, .85 b, .46 t, .35 (divided by section) is in the interior; somewhat cellular, with no distinct layers. Exterior, yellowish white. It contains excess of phosphate of lime and some urate of ammonia.

14229 Storeroom case 9 - shelf 2
H 30 "Vesical". Numerous grayish white fragments. {2601 122. 1.

14230 Lost - Empty for bearing this no. in S.R. Case 9 sh. 2
H 31 "Vesical". Numerous small yellowish white fragments. {2602 122 1.

14231
H 32 "Vesical". Small granular yellowish white fragments. 2603 122 2 Storeroom case 9 - Shelf 2 Contain urate of ammonia.

14232
H 33 "Vesical". Yellowish white fragments; contain urate 2604. 122 2 S.R. Case 9 - Sh. 2 of ammonia.

14233 Lost - Jar empty
H 34 "Vesical. Deposit". Yellowish white scales and 2605 122 2. Storeroom case 9. Shelf 2

Calculus extracted from
Mrs. I. Tomlinson - April 2/77.

Composition -
Interior (dark) Uric Acid,
Exterior (Laminae) Phos. Lime,
Dimensions -
Long. Diam. - 2½ inches
Short. Diam. - 2 inches
Thickness. - 1⅛ inches
Weight (whole) - 1256 grs.

14237. Fragments of Calculi
Storeroom case 9 - shelf 2
2778.
122
8.

14239. Calculus.
2779.
122
8

14235. Fragments from Calculi?
Storeroom case 9 - sh. 2
2794
122
9.

14236. Twenty-three Calculi?
2795
122
9.

14238 A Large number of Calculi?
2796
122
9

Storeroom case 9 - Shelf 2

14234 "Vesical". Deposit passed in one day. Yellowish
H 35
2606. 122 2. white large and small scales. Contains an excess of
ammonio-magnesian phosphate. Much urate of ammonia and
Presented by Dr. Mutter (Orig. Mutter Catalogue - Og. 55 - #20) 1856
some urate of soda.

2797 122 9. 14240 Half of a Calculus removed by Lithotomy. Oxalate of Lime surrounded by Phosphate + Carbonate of Lime. E. Stanley.

14241. Vesical Calculus. Removed by Dr D H Agnew - Apr. 2. 1877.
Interior, dark. Uric acid Exterior Phosphate of lime -
2½ x 2 x 1⅛. Weight 1256 grains. Case of Mrs I. Tomlinson -
Presented by Dr. De Forest Willard.

14242 Vesical Calculus removed by
Dr D. Hayes Agnew Presented by Dr. De F. Willard

missing
14243 Vesical calculus removed by
Dr D Hayes Agnew
Phosphatic - Red Exterior. Section.
Presented by Dr. Willard

14244 Vesical calculus removed by
Dr D. Hayes Agnew - Oxalate.
Presented by Dr. De F. Willard

~~14245.~~

14

14248 Vesical calculus removed by Dr D. Hayes Agnew.
Oxalate. Section. Presented by Dr. Willard

14249 Vesical calculus removed by Dr Agnew.
Presented by Dr. De F. Willard.

14253. Vesical Calculus. Removed by Dr D.H. Agnew

14255 Calculus
2781
122
8.

14250 K Cystine.

2607
122
2.

K.1 "Vesical. Deposit passed. Musee Dupuytren. Small yellow, translucent fragments of various sizes. Pres. by Dr. Mutter (Orig. Mutter Catalogue Pg. 55 # 18)

343a
S.R. case 9
Sh. 2

14251 K h k. Cystine. Fusible cystine.

K h k 2 Vesical". A nearly regular oval calculus divided by section. 1, 1.52 b, 1.1 t, .9. Nucleus honey yellow, translucent, soft at first, compact and uniform for one half its diameter; the rest consists of aggregations of tubercles, with intervening cellular spaces. Secondary deposit, soft, cellular, having near the commencement layers of the nucleus, spots of which are also visible throughout. A layer of the same is near one extremity and terminates on the sides, cutting off a crescentic portion of the secondary deposit. Crust, a tubercular deposit of a yellowish color. Exterior surface completely covered with a somewhat tubercular translucent deposit, of a light yellow (greenish where exposed to the light). The secondary deposit contains besides cystine some urate of ammonia.

2608
122
2

14252
2780
122
8 Calculus.

14259 Vesical Calculus. Removed by Dr D.H. Agnew
Uric Acid.

M

14258.1 - Vesical calculus. Removed by Dr. D. H. Agnew
Uric Acid

14253. Vesical Calculus. Removed by Dr D.H. Agnew

14255 Calculus
2781
122
8.

14256. Two halves of calculus.
2782.
122.
8.

14257 Vesical Calculus Removed by Dr D.H. Agnew.

14258 Vesical Calculus. Removed by Dr D.H. Agnew
Uric Acid.
2780
122
8 Calculus.

14259 Vesical Calculus. Removed by Dr D.H. Agnew
Uric Acid.

14258 ½ - Vesical calculus. Removed by Dr. D. H. Agnew
Uric Acid

14260.1 Renal Calculi passed at one sitting
2821.
122
10.
Pres by Dr. W. W. Keen.

14260.2 Renal Calculus passed per Urethra
2822.
122
10
Pres. by Dr. W. S. Attee.

14260.3 Calculus. Nucleus Ear of Wheat.
2823.
122
10.
Pres by Dr. J. Ewing Mears.

14260.4 Gall Stones discharged by abscess
2824.
122
10.
Pres by Dr. W. S. Attee.

14260.5 Intestinal Calculus removed by Laparotomy. Jan. 28th. 1903.
2825
122
10.
Pres by Dr. John B. Roberts.

14260.6 Vesical Calculus. Jan. 20th 1903.
2826.
122
10.
Pres by Dr. John B. Roberts

14260.7 Vesical Calculus. Jan. 20th. 1903.
2827
122
10.
Pres by Dr. John B. Roberts.

tubercular, with cells and a thin very white crust. General color gray, with a tinge of yellow. Exterior surface covered with tubercles, on one part large and smooth, on another small and granular; and on another each tuber is formed from an aggregation of several smaller tubercles. White, with patches of yellow and green.

14261
L 2 "From the pelvis of the kidney". A very irregular calculus divided by section. 1, 1.25 b, .75 t, .4. The shape of this calculus is very similar to that of L 1. Interior nucleus compact, hard, translucent, followed by hard, compact, translucent layers; a few cells only at one extremity. Color gray tinted with yellow in parts. Exterior: hard, smooth and polished, except at the two ends, and a large prominence on one side, where smooth tubercles exist. Color yellowish white.
2610
122
2.
Presented by Dr. Mitter (Orig. Mitter Catalogue Pg. 55 - 1)

14262
L 3 "Urethral" A small irregular oval calculus divided by section. One half sent to U. S. Army Museum. 1, .52 b, .33 t, .23. Interior: translucent, hard, compact; yellowish white, with a thin white deposit differing in shape from the exterior, and a thin white crust thicker at the larger end. Exterior covered with
2611
122
2

345a

14260 L. Carbonate of lime.

L 1 "Vesical". A very irregular calculus divided by section. 1, 1.48 b, .92 t, .71. Interior: nucleus very similar in outline to the section of the calculus, but reversed; triangular, very hard, with numerous cells; next deposit similar. Final deposit, which is on one side of and around the smaller end of the calculus very
2609
122
2

14260.1 Renal Calculi passed at one sitting
2821.
122
10.
Pres by Dr W.W. Keen.

14260.2 Renal Calculus passed per Urethra.
2822.
122
10
Pres by Mr. W.S. Attee.

14260.3 Calculus. Nucleus Ear of Wheat.
2823.
122
10.
Pres by Dr J Ewing Mears.

14260.4 Gall Stones discharged by abscess
2824.
122
10.
Pres by Dr W.S. Attee.

14260.5 Intestinal Calculus removed by Laparotomy. Jan. 28th. 1903.
2825
122
10.
Pres by Dr John B. Roberts.

14260.6 Vesical Calculus. Jan. 20th 1903.
2826.
122
10.
Pres by Dr John B. Roberts

14260.7 Vesical Calculus. Jan. 20th 1903.
2827
122
10.
Pres by Dr John B. Roberts.

tubercular, with cells and a thin very white crust. General color gray, with a tinge of yellow. Exterior surface covered with tubercles, on one part large and smooth, on another small and granular; and on another each tuber is formed from an aggregation of several smaller tubercles. White, with patches of yellow and green.

14261
L 2 "From the pelvis of the kidney". A very irregular calculus divided by section. 1, 1.25 b, .75 t, .4. The shape of this calculus is very similar to that of L 1. Interior nucleus compact, hard, translucent, followed by hard, compact, translucent layers; a few cells only at one extremity. Color gray tinted with yellow in parts. Exterior: hard, smooth and polished, except at the two ends, and a large prominence on one side, where smooth tubercles exist. Color yellowish white.
2610
122
2.
Presented by Dr. Mütter (Orig. Mütter Catalogue Pg. 55 = 1)

14262
L 3 "Urethral" A small irregular oval calculus divided by section. One half sent to U. S. Army Museum. 1, .52 b, .33 t, .23. Interior: translucent, hard, compact; yellowish white, with a thin white deposit differing in shape from the exterior, and a thin white crust thicker at the larger end. Exterior covered with large flat smooth hard tubercles; white.
2611
122
2.

14263
L 4 "Vesical. Passed." One half sent to U.S. Army Museum. (Nine) 9 small calculi; two divided by section. Interior: translucent, hard, compact, grayish white; one cellular. Exterior: In the compact smooth white; in the cellular smooth tubercular; white.
2612
122
2.
Presented by Dr. Mütter (Orig. Mütter Catalogue Pg. 55 = 13.)

~~14264 M. Uric oxide.~~

~~No specimen.~~

~~No nucleus; not a urinary deposit.~~

14264 N d h. Urate of magnesia. Fusible.

N d h l "A nearly oval flattened calculus divided by section. l, 1.7 b, 1.26 t, .95. "Fusible calculus; melts at about 120 degrees F. into a yellowish oily fluid which floats on water, and on cooling remains diffused through the wate., forming a milky liquid. Imperfectly soluble in strong alcohol, from which it is thrown down as a flocculent precipitate on cooling. Perfectly soluble in ether (hot or cold). Before blowpipe on charcoal rapidly consumes with little flame and a peculiar urinous odor, leaving no residue on the coal. It is wholly new. C. U. Sheppard, Feb'y. 9, 1857. Dr. E. Geddings." The above quoted note applies to the nucleus. This is of an irregular shape, soft, fat-like, white. The secondary deposit is composed of nodules not very distinct, with numerous small cells. There is a thin wavy translucent compact line of deposit to be traced half way between the nucleus and crust. Moderately hard; nearly white. Crust thin, soft, white. The secondary deposit contains some urate of ammonia and much fusible, and the crust some urate of magnesia. "Mr. Hopkins, aged abt 35

14265 Storeroom Case 9- Shelf 2

N e l "Urethral. Nucleus a clot of blood". Four small calculi and many fragments of two or three others. l, .25. Nucleus dark brown, friable. Crust very rough onthe interior surface, hard and compact, and about .04 in thickness. Exterior smooth, shining; grayish mottled

with light brown.

Presented by Dr. Mütter (Orig. Mütter Catalogue Pg. 55-#12)

14266
N f 1 "Vesical". Half of a regular oval calculus somewhat flattened. l, 2.1 b, 1.8 t (1-2), .61. The nucleus is an irregular nearly black fragment of stone. l, .25 b, .18. The deposits are in distinct layers, with perpendicular stria; hard; and of a yellowish white color. Exterior: very smooth and polished light yellow.

2615.
122
2.

14267
N f 2 "Vesical". A regular oval calculus divided by section. l, 1.5 b, 1.03 t, .96. Interior: nucleus a very irregular pebble. l, .3 b, .16. Deposit consists of three bands with perpendicular stria, in parts cellular; hard. The first deposit is light yellow; the second similar, but the interior and exterior edges brownish yellow; outer band lightest and thinnest. Exterior: smooth, polished. Some thin layers separated, exposed layers smooth; all light yellow.

2616.
122
2.

14268 N. g. Ammonio-magnesian phosphate.

N g 1 "Urethro-vesical". "Nucleus a pin". A regular oval calculus, with a cylindrical projection from one side enveloping the pin, the head of which is exposed. Divided by section transverse to the pin. Body of calculus, l, 1.2 b, 1. t, .9. Cylindrical projection, l, .66 b, .4 t, to head of pin, .76. Interior: section of pin central. Deposit moderately hard; translucent crystalline, cellular, nearly white. Exterior: rough from coarse granules; white and yellowish white.

2617.
122.
2.

Presented by Dr. Mütter (Orig. Mütter Catalogue - Pg. 55 - #9)
1856

14269
N g 2 "Vesical". "Nucleus a piece of sponge." Three large and three small fragments adherent to the sponge;

2618
122
2.

several fragments loose. Moderately hard, white and grayish white. Exterior rough, granular and crystalline. Contains some phosphate of lime. (Presented by Dr. Mütter. Orig. Mütter Catalogue - Pg. 55 - # 14) 1856

14270 N h. Fusible.

N h 1 "Vesical". Nucleus a pin. A very irregular deposit, tubercular and granular, enveloping a pin, the point only being exposed. Deposit greatest on the head of the pin (diam. .35), becomes smaller and most irregular below the head, and at about one-third from the point diminishes to a thin crust. White and yellow. Contains carbonate of lime.

2619. 122. 2.

14271 N h 2 "From the bladder of a female aet. 41. Extracted with aid of dilatation and incision of the anterior half of the urethra, along its upper side. E. Stanly." An irregular flattened calculus divided by fracture. Nucleus a siliceous pebble (agate) covered by a thin crust. Exterior, rough from crystalline grains; denuded in parts, showing the smooth polished brownish yellow surface of the pebble. Crust, white; contains some urate of ammonia and carbonate of lime.

2620 122 2.

14272 N h 3 "Vesical". A somewhat wedge-shaped calculus, divided by section. One half sent to U. S. Army Museum at Washington. 1, 2. b, 1.8 t, 1.35. Interior: nucleus a nearly cylindrical spongy substance, infiltrated with carbonate of lime, extending from one of the sides to near the centre of the calculus. The deposit commencing at the extremity of the foreign body, it is at first irregular, but becomes triangular with rounded corners. The subsequent layers are at first turned towards the

2621. 122 2.

centre by the nucleus, but afterwards break off abruptly on contact with it, and extend beyond its exterior extremity, which is not covered by the deposit, a concavity being formed there. Soft, white, chalky. Exterior: smooth, white, denuded in part from loss of easily detached thin layers.

14273 N 1. Storeroom case 9- Shelf 2

N 1 I. "Vesical". A spheroidal calculus divided by fracture. 1, .65 b, .6 t, .5. Nucleus, a clot of blood. Black, soft, friable; divided by a thin white layer into two parts, the central much the larger. Crust thin, nearly white. Exterior surface consisting of numerous translucent crystalline tubercles; yellow, with some black spots. Contains some oxalate of lime.

2622
122
2

14274 Museum Calculus passed per urethram by a man aet. 70 years, after great pain. Probably oxalate of lime; quite small.

Presented by Dr. Walter F. Atlee.

14275. 1 Phosphate calculus.

2623.
122
2.

Weight 570 gr. From a boy aet. 8 years.

Presented by Dr. W. L. Atlee.

14276 2 Phosphatic calculus; encysted. Storeroom case 9 Shelf 2

2624.
122
2.

Weight, 138 gr. From a boy aet. 15 years.

Presented by Dr. W. L. Atlee.

14277 3 Phosphatic calculus; encysted.

2625
122
2.

Weight, 273 gr.

Presented by Dr. W. L. Atlee.

Storeroom case 9- Shelf 2

14278 4 Phosphatic calculus.

2626
122
3

Weight, 140 gr. Removed from a man aet. 70 years, by the median operation.

Presented by the operator,
Dr. Walter E. Atlee.

Storeroom case 9- shelf 2

14279 5 Phosphatic calculus, removed from the female bladder. The calculus is 2.8 cm. long, 2.5 cm. broad and 1.8 cm. in smallest diameter. Its surface shows several irregular eminences. Removed from an elderly lady by dilatation of the urethra. Presented by the operator,

2627
122
3.

Dr. W. F. Atlee.

14279.05. Calculus from the female bladder.

Dr. W. F. Atlee.

The following calculi (14280 - 14312) were removed by Dr. John Light Atlee; they were presented to the Museum by his son, Dr. Walter Brandon Atlee.

14280 6 Uric acid calculus.

2628
122
3.

Weight, 152 gms. (2280 grs.)

Diamaters, 67 mm., 53 mm., 46 mm. Removed June, 1843; the largest calculus removed by Dr. Atlee, and his first case. Storeroom case 9- shelf 2

14281 7 Uric acid calculus. Storeroom case 9- shelf 2

2629.
122
3.

Weight,

Diameters; 55 mm. 45 mm. 25 mm.

14282 8 Uric acid calculus.

2630
122
3.

54 x 38 x 26 mm. Weight,

14283 9 Phosphatic calculus. S. R. Case 9- shelf 2

2631
122
3.

48 x 33 x 26 mm.

14284 Phosphatic calculi removed by Dr W. Goodell.

2632
122
3.

Storeroom case 9- shelf 2

Storeroom case 9- shelf 2

14285 11 Fragments of a large phosphatic calculus. 2633 122 3

14286 12 Uric acid calculus. S.R. case 9-sh. 2
2634 122 3
40 x 32 mm.

14287 13 Phosphatic calculus. Storeroom case 9- Shelf 2
2635 122 3
36 mm.

14288 14 Uric acid calculus. Storeroom case 9-shelf 2 2636 122 3

14289 15 Uric acid calculus. Formed of two bodies coalesced. 2637 122 3

14290 16 Two fragments of a uric acid calculus. Storeroom case 9 Sh 2 2638 122 3

14291 17 Fragments of a uric acid calculus. 2639 122 3

14292 18 Portion of a uric acid calculus. S.R. case 9-shelf 2 2640 122 3

14293 19 Uric acid calculus. Storeroom Sec 9-sh 2 2641 122 3

14294 20 Uric acid calculus. Museum

14295 21 Uric acid calculus. S.R. case 9-shelf 2 2642 122 3

14296 22 Uric acid calculus. S.R. case 9-Shelf 2 2643 122 3

14297 23 Uric acid calculus. S.R. case 9-Shelf 2 2644 122 3

14298 24 Calculus; oxalate of lime. 2645 122 3
From Nathanial T., aet. 13.

14299 25 Phosphatic calculus. - S.R. case 9-Shelf 2 2646 122 3
From Eli, aet. 6: 4,13,66.

14300 26 Oxalate of lime calculus. Storeroom case 9-Sh. 2 2647 122 3

14301 27 Phosphatic calculus. Sam'l. K., aet. 5. Storeroom case 9-Sh 2 2648 122 3

14302 28 Calculus. 2649 122 3
Theo. U., aet. 19.

14303 29 Three phosphatic calculi. Storeroom case 9- shelf 2 2650 122 4
Solomon L., aet. 60. Sept. 20, 1864.

14304. 30 Fragments of a calculus. S.R. case 9- shelf 2 2651 122 4

14305 31 Fragments of a calculus. S.R. case 9-shelf 2 2652 122 4
Charles S., aet. 8. Sept. 29, 1859.

14306 32 Fragments of a calculus. Storeroom case 9-shelf 2 2653 122 4

14310 (37) Necklace removed from the female Bladder by Dr. John S. Atlee. Pres. by Mr. Walter F. Atlee

14307 (33) Small uric acid calculus. Diam. 7 mm.

Martin W., aet. 3 years 19 days.

14308 (34) Calculus

14309 (35) Storeroom case 9 - shelf 2

14310 (36) Necklace. Said to have been removed from the female bladder. Storeroom case 9-sh. 2

14311 (40) Vesical concretion formed about a glass and rubber tube of a child's nursing bottle.

The concretion is large, having a diameter of nearly 4 cm. It is phosphatic. The deposit occurred about a glass tube a portion of which is seen in the centre of the calculus; about 16 cm. of rubber tubing accompanies the specimen, having been removed at the time of the operation. Storeroom case 9 - shelf 2

From a man aet. 35 years.

Presented by Dr. John S. Atlee.

14312 (41) Vesical concretion formed about a fragment of an iron shell; removed from the bladder of a soldier. (Cast)

The original specimen is in the Army Museum in Washington. It measures 2.5 x 5 cm. and weighs 6 grammes (898 grains).

From a soldier wounded at Vicksburg, June 25, 1863, by a fragment of a hand grenade which entered the right nates 5 cm. outside of the end of the coccyx and passed into the bladder, where it lodged. Urine immediately escaped from the wound. Nine and a half months later the encrusted fragment was removed by lateral lithotomy by surgeon Jon F. Randolph, U.S.A.

~~14314~~
~~2783~~
~~122~~
~~8~~

Card of Mr. ~~Hinsdale enclosed~~

For full report see Amer. Jour. Med. Sci., Vol. 48, p. 271.

Presented by yhe Surgeon General U.S.A.

14313 42 Visceral concretion. Nucleus, an ear of wheat.
2660
122
4.

Presented by Dr. J. Ewing Mears.

14314 43 Hair-pin, encrusted. Removed from the female bladder.
Missing

By Dr. J. S. Sharpe., the operator.

14314.05 Pin 3 1-4 inches long removed from the bladder of a man by supra-pubic lithotomy, also forceps used by the patient in attempts at removal. (416 gms.).
2783
122
8.

Presented by Dr. Donnell Hughes.

14315 44 Enormous vesical calculus; weight 13 ounces (416 gms) (Cast). Diameters, 5, 7 1-2, 10 cm.
2661.
122
4.

The original specimen is in the possession of Dr. Van Buren, N. Y.

Presented by Dr. J. Hull.

The following remarkable series of vesical calculi were presented by Dr. J. Collins Warren, by request.

14320 One half calculus removed by Dr. John Warren. S.R. Sec. 9-(2)

14321 Missing One half calculus, removed by Dr. John C. Warren.

14322 One half calculus, removed by Dr. J. Mason Warren. Storeroom Sec. 9-(2)

14323 One of two calculi removed from the bladder by Dr. J. Collins Warren. Storeroom - Sec. 9-Sh. 2

2784
122
8
14324 Calculus removed by suprapubic lithotomy.

14325 " " " " " Missing
14326 " all Presented by Dr. J. B. Roberts.

14334 Phosphatic calculus, 1380 grains, removed by lithotomy. Missing

Presented by Dr. Henry J. Bigelow.

Extract from Hospital Records.

Robert M. Moore, aet. 63; resident of Ontario, Canada; entered the Massachusetts General Hospital Nov. 12, 1881, with the following history: He had symptoms of stone for quite a number of years, much more severely for two years previous to entrance. Micturition became gradually more frequent, until finally it occurred about almost every hour. Pain excessive.

Nov. 17th: Litholapaxy, under ether, by Dr. Bigelow. The lithing lasted one hour and fifty five minutes. The lithotrite was introduced five times - the evacuating tube seven times. The stone weighed 1380 grains.

Nov. 18th: Last evening there was considerable oozing of blood, which stopped the catheter that was left in the bladder, and this was accordingly taken out. After its removal the urine at first dribbled away, but soon came under control.

Nov. 19th: He could hold his urine for two hours.

Nov. 21st: Urine held for three hours.

Dec. 1st: Dressed and walking about.

Dec. 4th: Bladder washed out evacuator and a few particles of gravel removed.

Dec. 22nd: Went home well.

The temperature went to 102 degrees F. on the day after the operatiom, but soon fell to near normal, where it remained.

14335 Bone from a bladder into which a dermoid cyst of the ovary discharged.

Removed from a patient of Dr. Weir Mitchell by Dr. William Goodell, 12.17.90.

Presented by Dr. Mitchell.

14341.5 Vesical Calculus. Cast; weight, 130z. Pres. by Dr. J. J. Hull.
2802.
122.
9.

14342.5 Salivary Calculus from a Horse.
2803.
122
9

14343.1 Several Vesical Calculi.
2804
122
9.

14343.2 Uric Acid Calculus.
2805.
122
9.

14343.3 "Hair Ball."
2806.
122
9.

14343.4 Probably Fecal Concretions from a horse.
2807.
122
9.

14345.1 Vesical Calculus: Encysted. Removed by Lateral Lithotomy after Supra pubic had failed. Pres by Mr. Walter S. Attee.
2819.
122.
10

14336 Calculus from the human bladder. Cast. Removed successfully by Dr. J. William White. The original is in Dr. White's possession.
2798.
122
9.

14337 Vesical calculus ; cast.
2799
122
9

14338 Vesical calculus; weight, 8 ounces.
2800
122
9
Annals of Surgery Aug. 1890. Removed and presented by Dr. J.H.C. Simes.

14339 Calculus from a case of scrotal fistula; occlusion of the urethra. Plastic lateral lithotomy.
Presented by Dr. John B. Roberts.

14340 Calculus found in a scrotal abscess, on incising it.
Presented by Dr. John B. Roberts.

14341 Calculus; oxalate of lime. Lithotrite broken and removed by perineal left lateral lithotomy.
2785
122
8
Case of Henry W., aet. 27. Recovery.
Presented by Dr. John B. Roberts.

14342 Two calculi removed by suprapubic lithotomy. Case of H. P., aet. 60 x years.
2801
122
9.
Presented by Dr. John B. Roberts.

14343 Vesical calculus. From Jos. McC., aet. 2 years. Removed by lateral lithotomy, by Dr. Geo. M. Boyd. March 21, 1886. Presented by Dr. Geo. M. Boyd.

14344 Vesical calculuss. Removed by Dr. H. A. Kelly from Jerry Hutton, aet. 2 1-4 years, by lateral lithotomy, March 19, 1885. Weight, 62 grs.
Presented by Dr. Geo. M. Boyd.

14345 Vesical calculus. Removed by Dr. Howard A. Kelly; May 16, 1884. Weight, 23 grs.
Presented by Dr. Geo. M. Boyd.

~~14350 Urinary bladder; calculus in situ; obstruction.~~

missing

14346. Vesical Calculus following Gunshot Wound of the hip. Evidently due to a fragment of bone in the bladder which has become the nucleus of the calculus. This is visible in section. The Gunshot wound occurred nine months previous and was followed by passage of fragments of bone from the bladder. Removed by vaginal lithotomy from Mrs. E.K. Clearfield, Pa. 4/29/99.

Presented by Dr. John B. Roberts.

missing

14347. Vesical Calculus 45 × 34 × 20 mm.

Removed by Suprapubic Lithotomy from Mr. C.W.S. at Polyclinic. 9.18.99. Presented by Dr. J.B. Roberts.

X14443 Biliary Calculus.
2809
122
10

X14444 Calculus. Oxalate of Zinc.
2810
122
10. Pres. by Dr. Wm. Hunt.

14445 Calculus in fragments. Ammonio-
2811 Magnesia-phosphate. Lost- empty jar
122 S.R. case 9- Shelf 2
10

All missing

14350 Urinary bladder. Calculus in situ. Obstruction.

The stone is situated at the neck of the bladder, and is firmly lodged. It is about 3cm. in long diameter. The distension of the ureters bear evidence of long standing of obstruction.

14351. Urinary bladder injected with white lead. The injection produces the appearance of incrustation.

14360 50 Urethral calculus.

From a boy, aet. 4 years.

Presented by Dr. W. F. Atlee.

14361 51 Urethral calculus.

Removed by Dr. W.S.W. Ruschenberger, 1848.

Presented by Dr. W. F. Atlee.

14362.52 Urethral calculus.

From a boy aet. 4 years.

Presented by Dr. E. C. Cornell.

14400 60 Uric acid calculus from a rat's bladder. Diameter 11 mm. Presented by Dr. Mütter (Orig. Mütter Catalogue - Pg 54 - # 12) 1856

14401 61 Renal calculus from a cow. Presented by Dr. Mütter. (Orig. Mütter Catalogue - Pg 54 - # 7)

14402 62 Vesical calculus from a Llama. Diameter, 4 cm.

Oxalate of lime; with a thin layer of carbonate of lime. Presented by Dr. Mütter (Orig. Mütter Catalogue - Pg. 54 - # 9) 1856

14403 63 Vesical calculus from a pig. Diameter, 6.2 cm.

Ammonio-magnesian phosphate. Presented by Dr. Mütter. (Orig. Mütter Catalogue - Pg. 54 - # 3)

14404 64 Vesical calculus from a whale.

The calculus is of an approximate pyramidal shape and on one side is quite flat. Section shows a concentric arrangement, with beautiful alternate light and dark layers. Phosphate of lime. Presented by Dr. Mütter - (Orig. Mütter Catalogue - Pg. 54 - # 4)

~~14405 65.~~

140

Gymissy

14450. Whistle swallowed by a boy of five and removed from the rectum.

Presented by Dr. John B. Roberts.

.3937
5.2
7874
19685
2.04724

Ulna rectum

Ulna - Connecti - -

College of Physicians of Philadelphia

19 South Twenty-second Street

THREE FRIDAY EVENING LECTURES *for the* GENERAL PUBLIC

Aegagrophilus

Bezoar - Hairball

1939-40

first of annual

Calculi

381

Gynecology
14450. Whistle swallowed by a boy of five and removed from the rectum.

Presented by Dr. John B. Roberts.

P. 381 b

THREE FRIDAY EVENING LECTURES
for the GENERAL PUBLIC

to be given in

S. WEIR MITCHELL HALL *of the*
COLLEGE OF PHYSICIANS
19 South Twenty-second Street

Admission Free

Friday Evening, November 17, 1939
8.30 P. M.

O. H. PERRY PEPPER, M. D.
Professor of Medicine,
University of Pennsylvania

Subject:

"MEDICAL PROBLEMS OF ADVANCING AGE"

Friday Evening, January 19, 1940
8.30 P. M.

J. PARSONS SCHAEFFER, M. D.
Professor of Anatomy and Director of the Daniel Baugh Institute of Anatomy, Jefferson Medical College

Subject:

"THE HUMAN CONSTITUTION AND SOME OF ITS PROBLEMS"

Friday Evening, April 12, 1940
8.30 P. M.

W. EDWARD CHAMBERLAIN, M. D.
Professor of Radiology and Roentgenology,
Temple University

Subject:

"THE X-RAY AS AN AID IN DIAGNOSIS"

Material from the Library and Collections of the College will be on special exhibition on these evenings

Gypsy

14450. Whistle swallowed by a boy of five and removed from the rectum.

Presented by Dr. John B. Roberts.

14500.08- Salivary calculus
Presented by Dr. W. F Atlee

all missing but 14500.05

14500 Salivary calculi.

17 A single salivary calculus, sawn. The diameters are 2.5 cm. and 1.9 cm. The exterior is rough; the calculus is hard.

14500.05 Salivary calculus. Removed from the sublingual gland, and presented by Dr. Donnell Hughes. Case 10 1

2808
122
10

14500.10 Salivary calculus.

Presented by Dr. Walter F. Atlee.

14501 18 Two salivary calculi. They have an irregular rough surface; are hard and have a diameter of 1.5 cm. Pres. by Dr. Mutter (Orig Mutter Catalogue Pg 54-# 18)

14502 19 One salivary calculus. The calculus is 1.9 cm. long and 4 mm. in diameter. It is sawn and polished. From the duct of Wharton. Presented by Dr. Mutter (Orig Mutter Catalogue Pg 54-# 19

14503 21 Salivary calculus; from a horse. The long diameter is 10.5 cm. The short diameter is 4.5 cm. The weight is The surface is smooth and the shape an elongated ovoid.

14505 22 Concretion from the lip. The calculus is 2.5 cm. in diametef and of spherical shape. The surface is very rough, but of regular outline. A section has been made, showing a concentric structure. Pres. by Dr. Mutter (Orig Mutter Cat. Pg. 54-# 21)

14550 23 Concretion from the human lung.

14551 Concretion from the lung. Diameter, 12 mm.

Enumerated on pp. 52-53 of Small catalogue of Pathological Museum of Prof. T. D. Mütter, 1856

All Missing

BILIARY CALCULI.

14601. Cholesterin 5 fragments. (No. 1)

14602. " 42 calculi. (No. 2)

14603. Bile pigment, Black, sand. (No. 3)

14604. Cholesterin, 2 fragments. (No. 4)

14605. " Pyramidal, 21 calculi. (No. 5)

14606. " 4 " (No. 6)

14607. " Pyramidal, 3 " (No. 7)

14608. " Nucleus, brown pigment, 6 " (No. 8)

14609. " 3 calculi, 3 fragments (No. 9)

14610. " 29 calculi. (No. 10)

14611. " Pyramidal, 40 " (No. 11)

14612 " " 13 " (No. 12)

14613. 19 fragments. (No. 13)

14614. Bile pigment, sand. No. 14

14615. Cholesterin, 4 calculi. No. 15

14616. " 3 fragments. No. 16

14617. " 2 " No. 17

14618. Cholesterin and pigment mixed, 6 calculi, 2 " No. 18

14619. " Nucleus, black pigment, 2 " No. 19

14620. Brown and red pigment, 13 " No. 20

14621. Cholesterin, 31 calculi. No. 21

14622. " Edged with brown pigment 5 " No. 22

14623. " Pyramidal, 35 " No. 23

14624. " 2 fragments. No. 24

14625. " Nucleus, brown pigment, 2 " No. 25

14626. " Edged with brown pigment 3 calculi. No. 26

14627. " " " 11 " No. 27

14628. " 2 fragments. No. 28

14629.	Cholesterin,		2 fragments.	No. 29
14630.	"		3 "	No. 30
14631.	"		7 calculi.	No. 31
14632.	"		6 "	No. 32
14633.	"		2 fragments.	No. 33
14634.	"		2 "	No. 34
14635.	"		2 "	No. 35
14636.	"		2 "	No. 36
14637.	Pigment, Brown,		5 "	No. 37
14638.	Cholesterin and brown pigments, mottled, 5 calculi,		2 "	No. 38
14639.	"		2 "	No. 39
14640.	"	Nucleus, black pigment,	2 "	No. 40
14641.	"	Yellow color,	2 calculi.	No. 41
14642.	"	Mottled,	1 calculus.	No. 42
14643.	"		2 calculi.	No. 43
14644.	"	Nucleus, black pigment. From the gall bladder of J. Green, cut for vesical stone, by J. Pancoast. 1852.	3 fragments.	No. 44
14645.	"	Edged with pigment. Brown.	4 calculi.	No. 45
14646.	Pigment.	Grayish black. Passed by rectum,	sand.	No. 46
14647.	"	Jet black.	2 calculi.	No. 47
14648.	Cholesterin,	Yellow,	8 "	No. 48
14649.	"	Edged with green coloring pigment,	2 fragments.	No. 49
14650.	"	and black pigment, in concentric lamellae,	1 fragment.	No. 50
14651.	Pigment.	Black,	2 fragments.	No. 51

14652. Cholesterin, and pigment. Green, 1 fragment. No.52

14653. Pigment. Black, 2 fragments. No.53

14654. " " Forming a nucleus, with a layer of phosphate of lime, externally, 1 " No.54

14655. Cholesterin calculi in situ, filling a gall bladder, ---------- No.55

all missing

14656 Biliary calculi.

Presented by Dr. S. Weir Mitchell.

14657 57 Biliary calculi; associated with a phosphatic vesical calculus.

Presented by Dr. Mutter.

14658 58 Three biliary calculi. The largest has a diameter of 2.2 cm.

14659 59 Biliary calculus.

A section has been made showing a regular concentric formation. There is a dark nucleus of cholesterine surrounded by a broad zone of a yellow hue; near the periphery a narrow dark zone is also seen. The exterior is rough and irregular. The stone was evidently solitary. Traces of copper and iron are found in this calculus.

Presented by Dr. S. Weir Mitchell.

14660 60 Biliary calculus.

The central portion is dark and encloses an irregular cavity. The body often of the calculus is of light color, and of concentric structure. The exterior is smooth.

From a woman.

Presented by Dr. Corse.

14661 61 Biliary calculi.

Presented by Dr. John L. Atlee.

14662 62 Biliary calculi.

The largest has a diameter of 3 cm.

Presented by Dr. John L. Atlee.

14663 63 208 Biliary calculi. Storeroom Sec. 9- sh r

Removed post mortem from a single bladder by John L. Atlee. Presented by W.F. Atlee.

✓ Storeroom Sec. 9. Sh. 2

14664 64 Two biliary calculi; showing attrition.

Presented by Dr. W. L. Atlee.

✓ Missing empty box in Storeroom

14665 65 Large biliary calculus.

The calculus is of cholesterin; it weighs 300 grains (20 gms) and was passed by the rectum during life.

Presented by Dr. S. Wier Mitchell.

✓ M

14666 66 Enormous biliary calculus.

The weight of this calculus if The length is 8.2 cm.

✓ M

14667 67 27 calculi from a single bladder.

The calculi are of nearly uniform size and of large diameter, averaging over 1 cm. They show beautifully the effect of attrition. Removed post mortem.

Presented by Dr. J. Ewing Mears.

✓ M

14668 Gall stone.

M

14669 ✓ 69 Gall stones.

They are small, and are crumbling with age.

M

14670 ✓ 70 Cast of the contents of a gall bladder. The cast represents an enormous concretion, filling the bladder. The length is 12 cm. At intervals on the surface lines are seen showing an appearance of coalescence of a number of original centres of concretion. # 3 - of "Casts" - p. 61 Original Mütter Catalogue -

Missing

Presented by Dr. Mutter.

✓ 14671 { 2831 / 122 / 10 } Gall stones.

✓ 14672 { 2818 / 122 / 10 } White gall stones. Very rare. — (Case 101)

Presented by Walter F. Atlee.

2728 / 122 / 6 } 14673. ✓ Gall stone which produced Intestinal obstruction - Passed per rectum Case 101 Pres. by Dr J. H. Hardcastle md.

14680 ✓ 71 Bezoar Acalculus. 5.2 x 4.5 x 3.5 cm. Biliary.

Missing

The true Bezoar stone is a concretion found in an East Indian goat called the Bezoar and for centuries has been believed to possess extraordinary properties; for

this reason they were highly prized. They vary in size from a pea to a hen's egg; many are biliary, while others doubtless are intestinal. They are generally smooth, laminated, and may be of an olive or gray color.

We learn from Pomet's "History of Drugs", London, 1712, "The use of Bezoar was formerly very common, but at present we scarce know what it is, by reason of the Iniquity of the Times and its extravagant Price, or that it grows out of fashion; for Medicines have their Modes as well as Cloaths; notwithstanding which, this is a preventive from pestilential Air and a Remedy for the small Pox, Measles, or other contagious Diseases. It is reckon'd also proper against Vertigo's, Epilepsies, Palpitation of the Heart, Jaundice, Colick, Dysentery, Gravel, to procure Labour Pains, and against Poisons; Dose from grains to Twelve: The Jews call this stone Bel-Zaard, which signifies the Master, or Overcomer of Poison."

14681 72 Bezoar. A small calculus; biliary. It is 3 x 1 cm. in measurement, of a shining black color and polished.

14682 73 Bezoar. A calculus 2.5 cm. long and 1.5 cm broad. It is of a rusty brownish color; some of the outer laminae have cracked off.

14683 Analysis of a concretion found in the vermiform appendix.

Of the three concretions found in the vermiform appendix, the largest one was chosen for the qualitative chemical analysis. This when powdered and heated in a platinum crucible until there was no loss of weight showed that it

was composed of 37.3 per cent of non volatile matter. This residue was practically soluble in nitric acid. The qualitative examination showed that the only metal present was calcium. This is in combination with a phosphate, and forms in all probability one or more of the three well known salts of Ca and PO found in urinary calculi $Ca_3 2 PO_4$ $CaHPO_4$ $CaHPO_4$ One of the concretions looked so much like a cherry stone in shape that a microscopical examination of it was made with a negative result. It contained in addition to Ca some Mg in combination with a phosphate. Thinking that the concretion might be hepatic calculi, they were tested for cholesterin with a negative result, though Ritter cites the case of a gall stone containing no cholesterin.

Henry W. Cattell, M.D.

3709 Spruce st.

In Robbins Journal, 1872 (quoted in Pepper' System of Medicine, Vol. II, page 10 - 60).

✓ Museum

14684 74 Concretion from the appendix vermiformis.

Presented by Dr. John L. Atlee.

✓ Museum

14695 75 Concretion from the mesentery; fatal.

The specimen is friable, of a light color and irregular shape; its length is 1.5 cm.

Presented by Dr. W. L. Atlee.

✓ Storeroom - 2 Sec 9

14696 76 Concretion from the uterus.

The specimen is of globular shape; diameter 4.5 cm. The surface is very rough, abounding in indentations It is of a calcareous nature.

Presented by Dr. W. L. Atlee.

Storeroom Sec. 9-Sh. r

14697 77 Concretion from the interior of a rattle-snake. (Crotalus ad.).

The specimen is 4 cm. long and 1.5 cm. broad. It is also of a yellowish, dark color, and is friable.

Presented by Dr. S. Wier Mitchell.

14700 1 Oat ball; from a human subject. Only one half the ball is present. It is 5.5 cm. in diameter, and is of concentric structure. It feels like felt when rubbed. The exterior is hard and smooth. The interior seems to be made up of fine silken hairs; these can be drawn out in places.

Presented by Dr. Mütter (Orig. Mütter Catalogue Pg. 55 # 34)

14701 2 Oat ball; from a human subject. Only one half is present. Diameter 5.5 cm.

Presented by Dr. Mütter (Orig. Mütter Catalogue Pg. 55 - # 35)

14702 3 I. Phospahte of magnesia.

I 1. About one half of a nearly spherical calculus. 1, 2.25, b, 2.15 t (1-2), 1. Interior: nucleus wanting. A large cavity, 1, .7 b, .5, irregular, with brown sides, with patches of white. This is surrounded by alternate layers of white, brown, yellowish brown, translucent. The first layer is nearly white and interspersed with the second light brown, incomplete; the third broadest, nearly white. The lighter layers become now of a gray brown, but interrupted near the exterior by whiter patches, giving a mottled appearance to the whole. The structure is very like that of a stalactite, and the deposit very regular; the lines are slightly waved in parts. Exterior surface irregular. Coarse irregular reticulations of a grayish white color about one-third the surface. The intermediate depressions, which are

variable in size, are brown and polished, translucent, with abrupt edges, appearing as if produced by corrosion.

This calculus contains no ammonia, except in the white lining of the cavity. Some phosphate of lime is present throughout, but is most evident in the light, especially the white layers. (See descriptive and illustrated catalogue of calculi and other animal concretions, Mus. Coll. Lond., pl. XIV, fig. 3& 4, for a nearly similar calculus. The layers there figured are thicker and less numerous, and the exterior ~~are~~ more scaly and less excavated.

✓ M
14703 4 Intestinal calculus from a horse.

(#11)

Only a portion is present, consisting of six fragments of the outer laminae. The nucleus is said to have been a fragment of a nail. # 11 - p. 54. Original (small) Mütter Catalogue 1856 Dr. Mütter

✓ M
14704 5 Ammonio-magnesian phosphate. Intestinal calculus from a horse; nucleus, a nail. (#14) # 14 - p. 54. Original Mütter Catalogue 1856

Four fragments laminated. Section through the centre shows a nail. Presented by Dr. Mütter

✓ M
Ammonio-magnesian phosphate with phosphate of lime.

14705 6 Fragments of a large calculus; laminated. Section through the centre does not show a nucleus. Phosphate of lime.

✓ X 2829. 122 10.
14706 7 Intestinal calculus; nucleus, a fragment of iron.

The calculus is 5.5 cm. in diameter; its surface is smooth and round. Case 101

✓ M
14706.5 Calculus; nucleus, a fragment of iron.

✓ M
14708 8 Intestinal calculus.

The calculus has an equatorial constriction. It is

of smooth exterior. Diameter, 6 cm.

14708 9. Intestinal calculus from a horse.

The calculus is nearly round, and is 8 cm. in diameter.

14709 Intestinal calculus.

Probably from a horse. The calculus is smooth and spherical, and is 9 cm. in diameter.

14710 11 Intestinal calculus from a horse.

A perfect sphere; 9 cm. in diameter. The surface is rougher than in the preceding specimens.

14711 12 Intestinal calculus from a horse; nucleus, a nail.

One half of the calculus. Diameter, 10 cm. The exterior is rough. Found with old bones in Newtown Flats.

14712 13 Intestinal calculus from a horse; fatal. Diameter, 12 cm. Surface smooth.

Presented by Dr. John Ashhurst, Jr.

14713 14 One half of an intestinal calculus; diameter, 12 cm.

14714 15 One half of an intestinal calculus; diameter, 13.5 cm.

14715 16 One half of an intestinal calculus; diameter, 14 cm.

14716 17 One half of an intestinal calculus; diameter, 17 cm.

14717 18 Mass found in a calf's stomach. Presented by Dr. Mütter. (Orig. Mütter Catalogue Cg. 54 - # 13)

Nucleus, a pocket handkerchief.

14720 Small hair-ball.

14721 Small hair-ball; one half.

14722 Hair-ball.

14723 Hair-ball.

Unidentified Calculi -

Accession # 5124 -

23 Unidentified Calculi (in jars). These jars of Calculi bear numbers but these numbers do not appear in any catalogue in the Mütter Museum. The numbers are listed below.

14039 - 14042 - 14043 - 14048 - 14058 - 14061 - 14062 - 14065 - 14069 - 14078 - 14079 - 14088 - 14089 - 14126 14127 - 14128 - 14129 - 14134 - 14135 - 14137 - 14139 14145 - 14169

These are stored in a carton numbered 5124 in the Storeroom.

Noted in new catalogue - Vol. III - pp - 181 - to 201

Accession # 5125 -

72 jars containing unidentified specimens of Calculi. The specimens contain no numbers or other means of identification.

These are stored in a carton numbered 5125 in the storeroom.

In new catalogue Vol. III pp - 181 to 201

Accession # 5126 -

Loose specimens of Calculi and Calculi in small round thin wooden boxes. Unidentified.

These are packed in a carton numbered 5126 and stored in storeroom.

In new Catalogue Vol III - pp. 181-201

Aegagropilus. Bezoar.

14724 Hair-ball; one half. } This number given to large hair-ball (one-half) found in Storeroom 11/11/40. Section 101 - Shelf 4.

14725 M Hair-ball; one half.

14726 M Hair-ball.

14727 M Hair-ball.

14728 M Oat-ball.

14729 M Oat-ball.

14730 M Hair-ball

#26 An oblate spheroid; diameter, 9 cm. From Dr. Jenkin's collection. Diameter, 12 cm. An oblate spheroid. #26. p. 54. Original Mütter Catalogue 1856

14732 M One half of a large oat-ball.

14733 M One half of a large oat-ball.

14740 M Pearls from an oyster. Presented by Dr. Mütter (Orig Mütter Catalogue Pg. 54 #8)

14800 M Concretions removed from the palm of the hand. A very large number of bodies, smaller than grains of wheat.

1629
48
4

Presented by Dr. J. Furbell.

14805 Concretions removed from the elbow-joint.

1600
48
2

These concretions number several hundred. They are all small, flat and from two to eight mm. broad.

See 30 - Sh 4

Presented by Dr. Mutter.

14810 Concretion from the sole of the foot; from a gouty subject.

1601
48
2

This concretion is flat, about 4 cm. long and 8 mm. thick, and is attached firmly to the skin. The concretion is calcareous. Case 30 sh. 4

Presented by Dr. Mutter.

Photographs.

In 1940, all photographs and illustrations were sorted and many were destroyed as they were thought to be of no value. Duplicates were also destroyed and those remaining were renumbered and wrapped in packages, each package being given a number.

The list and description of each photograph in the packages may be found in a small Catalogue of "Illustrations."

Below is a list of the photographs now in the museum, as they appear in the New Mütter Museum Catalogue

15036 - Three packages of Skiagraphs and a few Photographs of Fractures.
Location - Section 77 - Drawer A-5

15037 - Package of Skiagraphs - Sec. 77 - Dr. A-3.

15039 - Arm of John Gallagher. An interesting water Color drawing of the arm of John Gallagher, innoculated Syphilis victim of Tilly and patient at Blockley October 1877. Innoculated by tattooing. Section 77-Dr A-1

15070 - Picture of the Skeleton of a Rachitic woman on whom Caesarian section was performed. (3 views) See Trans Phila. Obstet. Soc. 1879. Sec. 77-Dr A-3

15219 - Two cases of Acromegaly presented by Dr. C. W. Dulles. Trans Coll. Phys. 1892. Sec. ~~11~~ 7 (with Giant)

15703 - Miscellaneous Collection (in package) of Photographs and drawings, individually numbered.
Section 77 - Drawer A-3.

15705 - Pictorial notebook of a doctor in China. Contains some interesting cases of Elephantiasis, Tumors and Skin Diseases.
Section 77 - Drawer A-3.

15707 - Notes on Trench-foot apparently from the Penna Hospital Unit during the World War with drawings by Dr. Edward B. Krumbhaar.
Section 77 - Dr. B-2

Photographs.

15000. 2 volumes of photographs presented by the Surgeon General U.S.A. to the Mütter Museum.

Vol. I in Library - Call letter I Ef. 4- v.1

The photographs are 30 cm. long by 22 cm. wide, and are as follows: the numbers of the Army Medical Museum being retained.

No. 2871: Cranium extensively fractured by a shell explosion.

No. 2178 1318: Skull exhibiting an extensive fracture from grape shot. The missile entered the left parietal bone near the lamboidal suture, and emerged through the squamous portion of the temporal bone. The bones forming the right orbit were fractured by contre-coup.

No. 2179: Skull-cap exhibiting a bayonet fracture of the left parietal bone. The patient survived the injury 26 days.

No. 3543: Skull-cap exhibiting gunshot fracture near the vertex by a canoidal musket ball, which has split against the lamina of the left parietal. The patient died 23 days after the injury.

No. 1672: Section of the posterior portion of a cranium. Both parietals are fractured by a sabre cut near the lamboidal suture; the patient survived 42 days.

No. 2318: Gunshot contusion of the outer table of the frontal bone, with fracture of the vitreous plate, a fragment of the latter being detached.

No. 1108. A portion of cranium with canoidal ball imbedded in the ethnoid and frontal bones. The patient survived two months.

15711 - Auctures of pelves (2).
Sec. 77-Dr. A-1

15716 - The Antikamnia Foetation and Parturition Chart. (The Antikamnia Chemical Co.)
Missing.

15717 - A Collection of photographs showing Elephantiasis.
Section 77-Drawer A-1

15723 - A Collection of photographs showing cases of Gout and Polyarthritis. Sec. 77-Dr A-1

15724 - Legs by a sculptor showing emotions.
Sculptor - Dr. R. Tait McKenzie.
Sec. 77-Dr. B-1

15800 - Illustrations from the Surgeon General's Office
Three packages of historical, pathological and zoological photomicrographs from the United States Medical Museum in Washington.
Location - Section 77-Drawer A-2
(The same illustrations also contained in the packages numbered 15829 found in Sec. 77-Dr. A-7)

15801 - Plates from Mitchell and Reichert's Monograph on Rattle Snakes and Vermin published by the Smithsonian Institute.
Sec. 77-Drawer-B-1

15802 - Anatomical and other plates from the Encriclographie Des Sciences Medicales.
Section 77-Drawer B-2

15803 - A Collection of photographs showing Diseases of the Face and Jaw.
Section 77-Drawer A-3.

15805 - A Collection of photographs of Surgical and Pathological Cases. Sec. 77-Dr. A-1

15804 - Two or more series of plates from McClellan's Anatomy. Sec. 77-Dr. B-1

15806 - A Collection of Surgical and Pathological Illustrations
Sec. 77-Drawer A-1

15807 - Anatomical Illustrations. Among them an album containing photographs of the head sections prepared by Dr. J. O. Jarvis
Sec. 77-Dr. B-2

No. 224: Portion of left parietal bone exhibiting a slight fracture of the external table, and extensive splintering of the vitreous table.

No. 2000: Section of a cranium, exhibiting five trephine perforations for the evacuation of pus, the result of a gunshot contusion of the right parietal. The patient survived the operation twelve hours.

No. 1257: Section of the right parietal bone, exhibiting a gunshot fracture. The outer table of the skull is slightly, and the inner table extensively, depressed.

No. 44: Recovery after "gunshot fracture of both parietals".

No. 3451: Exfoliation from the right temporal and parietal bones, resulting from gunshot injury.

No. 3452: Exfoliation from the right parietal bone resulting from a gunshot depressed fracture. Recovery.

No. 557: Greater portion of right superior maxilla necrosed and detached, as a result of mercurial poisoning.

No. 2939: Eighth, ninth and tenth dorsal vertebrae with a canoidal ball in the vertebral canal. The transverse and articular processes of the right side of the eighth and ninth vertebrae were shattered by the ball. The patient survived the injury one month.

No. 2762: Second, third and fourth lumbar vertebrae with a canoidal ball imbedded in the left side of

15808 - Congenital Mal-Formations and Deformities (Illustrations)
Note: For Club feet see-Orthopedic # 15822.
Section 77- Drawer A-7

15809 - Illustrations of Monsters. Two portfolios: (15810 also) Atlas of pictures and monstrosities which form the basis of the Atlas by Hirst and Piersol. Pres. by Dr. B.C. Hirst.
Section 77-B-1

15810 - Illustrations of Monsters. Two portfolios: (15809 also) Atlas of pictures and monstrosities which form the basis of the Atlas by Hirst and Piersol. Pres. by Dr. B.C. Hirst.
Section 77-Drawer B-1

15811 - Portfolio of large Charts. Sec. 77-Dr. B-7

15812 - Photomicrographs by Dr. Tom. M. Gray of the Army Medical Museum illustrating Dr. G.E. de Schweinitz's case of Neuroma of the Eyelid.
Section 77-Drawer A-2

15813 - Photomicrographs of diseases of the Nervous System. Sec. 77-Drawer A-2

15814 - Filaria Sanguinis Hominis. Photographed by Dr C.L. Leonard. Pres. by F.P. Henry. 5 photographs.
Section 77-Drawer A-2

15815 - Photomicrographs of diseases of the eye.
Section 77-Drawer B-1

15816 - Dr. Harris' pictures of Ovariotomy in Shanghai.
Section 77-Drawer A-2

15817 - Excellent Atlas of Obstetrics and Gynecology. Two packages.
Section 77-Drawer B-3

15818 - Atlas of Nervous System and other things deposited in the Mütter Museum by Doctor Hodge
Section 77-Drawer B-1

15819 - Album of Histological photomicrographs of optic tissue come by Dr. George Piersol and Collected by Dr. James Wallace and Dr. Wm. F. Norris.
Four albums - Sec. 77-Drawer B-4
Two packages - Sec. 77-Drawer B-5

the body of the third lumbar vertebra.

No. 1160: Fourth, fifth and a portion of the sixth dorsal vertebrae sawn asunder, to show the point of a knife blade which, passing between the transverse processes of the fourth and fifth vertebrae and traversing the vertebral canal, has entered the body of the fifth vertebra.

No. 2749: Right humerus and elbow; necrosis of the entire humerus following gunshot fracture of the epiphysis.

Successful excision of the head of the humerus. The surgical neck of the left humerus and coracoid process of the scapula were comminuted by a canoidal musket ball. The head and two inches of the shaft of the humerus, and the fragments of the coracoid process, were removed and have been photographed. The man himself has also been photographed, and shows the place of the U-shaped incision.

No. 1206: Gunshot fracture of the head of the right humerus. A canoidal ball imbedded. Secondary incision. Death.

No. 1210: Right clavicle fractured transversely in the middle by a canoidal musket ball.

No. 845: Portions of the eleventh and twelfth ribs of the right side, sxhibiting gunshot fracture of the shafts, with attempts at reparation.

No. 710: Upper portion of the right femur, the neck and trochanter major, shattered by canoidal musket

15821 - Photographs of sections of Brain.
Section 77 - Drawer A-3

15822 - Illustrations of Orthopedic Surgery.
Section 77 - Drawer A-1

15823 - Series of pathological drawings by some unknown physician. There is nothing to identify the artist.
Section 77 - Drawer A-11

15824 - Atlas of Female Pelves. Sec. 77 - Drawer B-3

15825 - Illustrations of Tumors. Section 77 - Drawer A-3

15826 - Illustrations of Skin and Venereal Diseases.
Section 77 - Drawer A-3

15827 - Photographs of a large variety of splints and apparatus for correcting deformities, used in the United States Army during the World War.
Presented by Dr. John Arnett. Sec. 77 - Dr. B-5

15828 - Series of plates from an atlas showing morbid and anatomical lesions of the large and small intestines. Section 77 - Drawer A-6.

15829 - Six packages of Illustrations from the Surgeon General's Office. (Or duplicate photomicrographs in these packages numbered 15800) Sec. 77 - Drawers - A-6 and A-7.

15830 - Medical Illustrations.
Section 77 - Drawer A-1

15831 - Photographs of Bones of the Arm and Fractures of the arm: Section 77 - Drawer A-3.

15832 - Seven Daguerreotypes of historic and perhaps medical interest. Section 77 - Closet A.

15833 - 77 Framed Anatomical Photographs - Presented by Prof. George McClellan.
Storeroom - Top of Case 3.

Anatomical and other charts (Dr. Schaeffer & Gorse)
Sec. 77 - Dr. A-7

ball.

No. 71: Upper fourth of the left femur fractured by a musket ball which afterwards entered the pelvis. The portion of the bone represented was excised.

No. 565: Upper extremity of left femur, showing a perforation between the trochanters by a canoidal musket ball.

No. 1042: Upper half of the right femur, showing a firmly consolidated gunshot fracture immediately below the trochanters. Death from phthisis in six months.

No. 1938: Left femur. Gunshot fracture of the upper third. Repair at the end of ten weeks.

No. 1161: Partially consolidated gunshot fracture of the upper third of the left femur. Death from meingitis after nine months.

No. 1643: Left femur. Partially consolidated gunshot fracture of the middle third, after ten weeks.

No. 1907: Comminuted gunshot fracture of the left femur by a canoidal ball which had previously passed through the right thigh. Death in sixteen days.

No. 76: Perforation of the right femur, just above the condyles, by a musket ball.

No. 3267: Lower half of a left femur. Partially consolidated gunshot fracture of the shaft. The deformed callus encloses several necrosed splinters and a battered musket ball.

No. 58: Lower third of right femur. The outer condyle split off by a round musket ball. Amputation. Death.

No. 1481: Amputated extremity of a right femur and upper extremity of tibia, with a round musket ball impacted near the spinous process of the articular surface of the tibia.

No. 1853: Sequestrum of the left femur, eight weeks after operation.

No. 1915: Sequestrum from the right tibia, 11 1-2 inches in length.

No. 81: Recovery after a perforating gunshot wound of the abdomen, producing artificial anus.

Drawings No. IX & X: Penetrating gunshot wound of the thorax and abdomen. A round musket ball having entered the left pleural cavity, passed through the diaphragm and thence into some part of the intestinal canal. Recovery.

No. 2334: Drawing No. 67. Successful case of secondary amputation at the hip joint, performed by Acting Asst. Surgeon, John H. Packard? U.S.A.

No. 3, photographic series. No. 31, Surgical Drawings. Case of successful primary amputation at the hip joinh. Performed by Surg. Edward Shippen, U. S. Vols.

No. 4278: Completely consolidated gunshot fracture of the lower third of the left femur.

No. ~~4803~~ 4982: United gunshot fracture of the lower third of the left femur.

No. 2393: United gunshot fracture of the lower third of the left femur.

No. 46: Consolidated gunshot fracture of the lower third of the right femur.

No. 48: United gunshot fracture of the upper third of the left femur.

No. 82: Necrosis of the shaft of the left tibia resulting from a gunshot injury. Sequestra on the reverse.

No. 45: Consolidated fracture of the right femur.

No. ~~74~~ 1424: Aorta, cava and branches, showing a ligation of of the common iliac artery. Death in 5 days.

No. 1516: Fragment of a granade encrusted with calculous matter, extracted from the bladder by lithotomy. A plaster cast of this specimen is in the collection of calculi in the Mutter Museum.

No. 2479 - Successful excision of the Head of the Humerus.

Vol. II. In Library - Call letter ZEf-4v2

15001. Gunshot wound of the right eye and orbit.

Gunshot wound of the right face.

Shell wound of the lower jaw.

Shell wound of the lower jaw.

Resection of shoulder joint.

Aneurism of axillary artery, from gunshot wound.

Resection of the head of the humerus.

" " " " " "

" " " " " "

Resection of three inches of the shaft of the humerus, from the anatomical neck to middle third.

Resection of shaft of the humerus.

Gunshot wound of the elbow joint.

Gunshot wound of the hand.

Gangrene of the stump of the arm.

Stump after amputation at the upper third of arm.

Stump after amputation at the shoulder.

Gunshot wound of the elbow joint.

Stump after amputation at middle third of fore-arm.

Gunshot wound below the angle of the scapula.

" " of the lumbar region.

" " of the posterior of thigh.

" " of the anterior of thigh.

" " of the exterior of thigh.

Stump after amputation at the upper third of leg.

Gunshot wound of the anterior of thigh.

Amputation lower extremity, gangrene, sloughing.

Amputated lower extremity, gangrene, sloughing.

Gunshot wound of middle third of right leg. Gangrene.

Gunshot wound of lower third of left leg. Gangrene.

Amputation.

Post-mortem appearances after ligation of the external and common iliacs, for gunshot wound of the pelvis.

Liver.

Liver.

The following photographs obtained from various sources are bound in this volume:

1. Tumor of the scrotum; 2. elephantiasis Chinese, enorm-

ous mammary tumor; 3 Chinese tumor of the scrotum; elephantiasis.

4 Deformity of the head and neck of the femur, with depression of the head. Three photographs.

Dr. John H. Packard.

5 Case of fracture of the skull; recovery.

Presented by Dr. John Ashhurst, Jr.

6 Sarcoma of the arm.

Presented by Dr. John Ashhurst, Jr.

7 Arm after excision of the elbow joint.

8 Scar after ligation of the common iliac.

Presented by Dr. John H. Packard.

9 Hernia.

10 Enormous scrotal hernia. The original specimen is in the Museum.

11 U. S. ambulance wagon.

End of Volume 2

Elephantiasis of the leg, front view.

Same, side view.

Elephantiasis of the scrotum.

Presented by Dr. Blanc, of Bombay, Feb'y. 11, 1870.

~~15010.~~ Chronic exzema. Pkg 15826 - Skin & Venereal Diseases Photo # 16

~~15011.~~ Herpes zoster. Pkg. 15826 Skin & Venereal Diseases - Photo. # 13

~~15012.~~ Case of mycosis fungoides. Dr. H.W. Stelwagon. Pkg 15826 - Skin & Venereal Diseases - Photo. # 15

15013 - ~~Keloid. Trans. Coll. Phys. Phila 1895.~~ ~~Presented by Dr. Isaac Massey.~~ ~~See 77, drawer A-1~~

Photographs illustrative of the human ear.

15015. The anatomy of the ear; magnified; normal.

15016. Pathological conditions of the drum membrane; as a series of 24 illustrations; magnified three times.

Presented by
Dr. B. Alexander Randall and
Dr. Henry Lee Morse.

See Pages 438-440-442 & 444

15013 - Water color drawing showing result of Rhinoplasty.

Miscellaneous Package
See 77-Dr. a. 3

See Pages 438-440 443-444

15036 - Package containing Skiagraphs and a few Photographs of Fractures, as follows:

8 Skiagraphs and 5 Photographs showing Fractures of External Condyle and showing full flexion and extension after fracture. Pg. 3. Sec. 77 - Dr. A-5

14 Skiagraphs and 2 Photographs showing Diacondylar fractures. Pg. 2. Located Sec. 77 - Dr. A-5

7 Skiagraphs and 1 photograph showing Fracture of Internal Condyle. No. 3 Pkg. Sec. 77 - Dr. A-5

7 Skiagraphs showing separation and fracture of Epitrochlea of Humerus. Pg. No. 3 - Sec. 77 - Dr. A-5

29 Skiagraphs and 7 Photographs showing cases of supra condylar fractures and also supra condylar fractures in various stages of healing - Pg. No. 1 - Sec. 77 - Dr. A-5

See Pages 438 440 442 & 444

2 Skiagraphs by Dr. Max J. Stern showing fracture of the lower end of the radius with slight anterior displacement. Old and unreduced. Case of Dr. J. B. Roberts, reported in International Clinics - April 1897.

1 Photograph and 2 Skiagraphs showing fracture of the lower end of the radius with displacement forward of carpal fragments.
Tran. Amer. Surg. Assn. 1896. Dr. J. B. Roberts.
Pkg. #2 - Sec. 77 - Dr. A-5

15037 - Package containing Skiagraphs, as follows:

11 Skiagraphs and 1 Photograph showing Epiphyseal separation of right and left humerus.

Series of 11 Skiagraphs showing lower epiphyses of humerus during various periods of life from 1½ years to 15 yrs. 2 mo. Anterior, posterior and oblique views.

2 Skiagraphs of normal foot of boy of 9, showing epiphyseal separation of Calcaneum.

2 Skiagraphs made by Dr. Arthur W. Goodspeed of the left knee. Pres. by Dr. J. E. Mears.

1 Skiagraph showing old shot wound of the wrist with 41 shot. April 1896 - Dr. A. W. Goodspeed.

2 Skiagraphs of Hands by Dr. Max. J. Stern

See Pages 438-440-442-444

15029. Double monster: two heads; three arms; one body.

Presented by Dr. Goodell, July 2nd, 1874.

~~15030.~~ Double monster: two photographs.

Renumbered Pkg. 15810 - Photo. 40 Sec. 77 - B-1 Pg. 761

Presented by Dr. R. J. Dunglison.

Sec 77, drawer A-1

~~15031.~~ Double monster: two heads, arms and legs.

Renumbered Pkg 15810 - Photo #32 Pg. 761

Presented by Dr. Philip Leidy, June 4, 1880.

Sec 77, drawer A-1

15032. ~~Double monster: two legs and arms, one head, one umbilical cord. Premature labor at fifth month, Dec. 30, 1882. Delivery by M. McFall, Mattoon, Ills. 2 photographs.~~

Destroyed

Same as 15030 - so 15032 was destroyed

Sec 77, drawer A-1

~~15033.~~ Double monster. Common head and upper trunk. Four legs and arms. In possession of Dr. Ziegler, of Reading; 2 photographs.

Renumbered #15810 - Photo. 41 See page 761

Sec 77, drawer A-1

~~15034.~~ French girl about 10 years old, having three legs, and three mammary glands. Two photographs; case of Blanche Dumas.

Renumbered #15810. Photo. 29 See page 761

Sec 77, drawer A-1

15035. Double monster: abdominal union. Case of C. C. Burke, M.D., Lexarkana, Texas. Born March 12, 1881.

~~15036.~~ Congenital defect of lower extremities. 2 photographs. Child born Feb'y. 10, 1873. Photographed March 28, 1873. Died July 25, 1873 from convulsions induced by intestinal disease.

Renumbered Pkg 15808 Photo # 11

Sec 77, drawer A-1

Presented by Dr. A. C. W. Beecher.

~~15037.~~ Congenital absence of the lower extremities. Given by Dr. Jenks to Dr. Goodell.

~~15037.~~ 10. Congenital hypertrophy of the toes. 2 photographs

Presented by Dr. Geo. E. Shoemaker.

Sec 77, drawer A-1

1 Skiagraph of Congenital Dislocation of Both hip joints. Rt hip replaced by manipulation the left by operation. Skiagraph made by Dr. Goodspeed. Pre by. Dr. Evelyn C Davis.

See Bx. 438-440 442-444

1 Very old skiagraph made by Dr Goodspeed and presented by Dr. Willard. Historically interesting.

2 Skiagraphs, showing bullet in tarsus Pres. by. Dr. Willard.

Og 438

15039. Water Color drawing of the arm of John Gallagher, innoculated syphilis victim of Kelly and patient of Blockley, Oct. 1877. Innoculated by tatooing.

See pages 438-440-442-444

15037. 5 Congenital rudimentary lower extremities. Female aged 9 years. Trnas. Coll. Phys., 1892.
(2 photographs)
Presented by Dr. Geo. E. Shoemaker.
Sec 77, drawer A-1

15038. Photograph of an anencephalic foetus. It was a male; 7 months foetus; wt., three lbs. No brain, no spinal cord; no lungs; rudimentary heart; stomach and intestines in left pleural cavity; an enormous liver. Case of Dr. J. Emmett, Black Shear, Macon, Ga., Dec. 10, 1886.

Presented by Dr. C. W. Dulles.

15039. ~~Foetus. Presented by Dr. Nebinger.~~
Sec 77, drawer A-1

15040. Epithelioma of the neck. Duration, 14 months. Death from erosion of the maxillary artery.

Presented by Dr. Charles Everett Warner, Texas.
Sec 77, drawer A-1

~~15041~~. Case of congenital hypertrophy of the fingers.
Phy Renumbered #15808 - Phots. 15 See Pg-

Presented by Dr. T. S. K. Morton.

15042. Case of congenital hypertrophy of the

15044. Sarcoma of the lachrymal gland. Trans. Amer. Ophthal. Soc'y., 1882. Dr. Geo. C. Harlan.

15045. Osteo-sarcoma of the tibia.

15046. ~~Osteo-sarcoma of the tibia, before section.~~ Two photographs of crab-louse
"Phy. Labels Miscellaneous photographs."
Sec 77, drawer A-3

15050. Aneurism by anastomosis of the orbit. "Pulsating exophthalmos". Spontaneous cure. Trans. Internat'l. Med. Congress 1876. Dr. Geo. C. Harlan.

15051. Varicose aneurism of scalp.

15060. Stump.

15061. "

15062. "

15063. Case of double amputation of the thighs.

15064 Anencephalic monster -

~~15074~~ Case of ~~acrania~~ anencephalia from Dr. W. R. Brothers, New Bloomfield, Penna reported in Dunglison's College and Clinical Record, July 15, 1897

Renumbered Pkg. # 15810 Photo. #1 See Page 761

Sec 77, drawer A-1

See pages 438-440-442-444

15070. Skeleton of rachitic woman on whom Caesarian section was performed. 3 views.

See also, Trans. Phila. Obstet. Soc'y., 1879.

Sec 77, drawer A-1

15074 (see opposite page) 15080. Unusual form of disease of the skin in hysteria.

Drawing of unusual form of disease of skin in a case of Hysteria.

Fig 1.

Fig. 2.

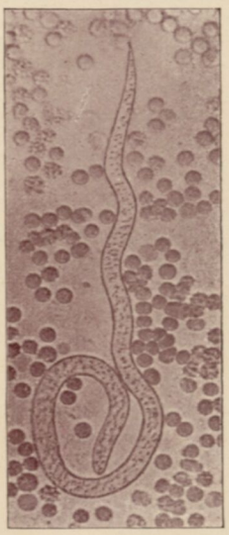


Fig. 3.

Fig. 4.

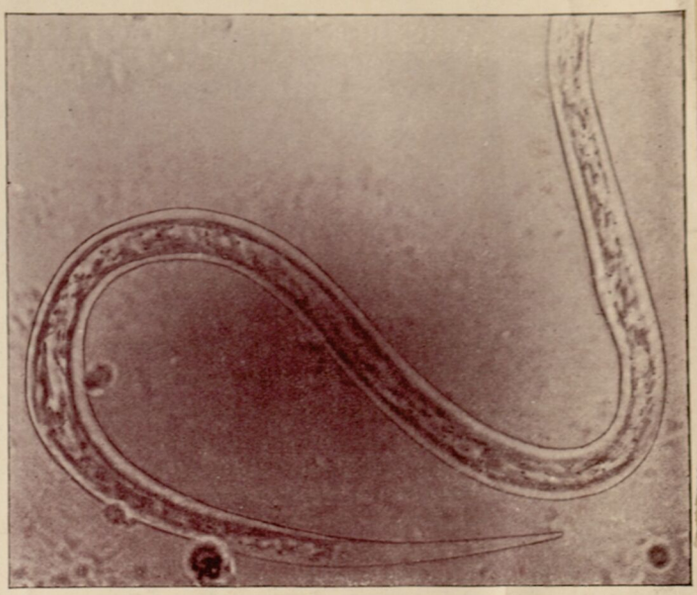
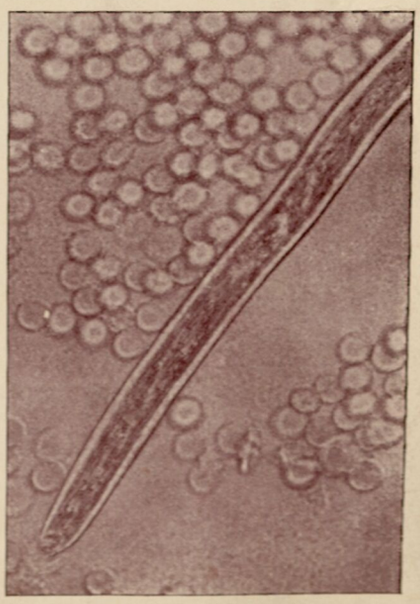


Fig. 5.

Fig. 6.



INDIGENOUS PARASITIC CHYLURIA WITH FILARIA NOCTURNA IN THE BLOOD.

See Page 438-440-442-444

15084. Case of Plica. Presented by Dr. VanHarlingen.

15085. Photo-micrographs of a case of syringomyelia. Made by Dr. Wm. M. Graef and presented by Dr. Jas. Hendrie Lloyd.

15090. Microscopic appearance of the brain in chronic insanity. Destroyed May 24, 1940 - No Value ~~Sec 77, drawer A-1.~~

15091. Microscopic appearance of the brain in general paresis.

15092. Microscopic appearance of the brain in chronic mania.

15093. Microscopic appearance of the brain in chronic insanity.

By Dr. Edward C. Mann, New York.

Three photographs of the larynx from life.

15095. Vocal cords; glotis toward the left; epiglottis is indistinct. Subject Dr. Ephraim Cutter. Photographed by F. W. Hardy.

15096. Epiglottis.

15097. Larynx.

15100. Contracture of the hand. Two photographs.

15105. Leprosy. FromMissionaries Hospital, Canton, China.

15106. Meningeal apoplexy. Case of Dr. E. R. Thin, Albany, N.Y.; 2 views. Destroyed May 24, 1940 - Auch Mitte Committee - No Value. ~~Sec 77, drawer A-1~~

See pages 438-440-442-444

15107. Rupture of aneurism into pericardial cavity. Destroyed Auth. Mütter Committee. May 24, 1940. Thought to be of no value. Case of Dr. Hun.

~~See 11, drawer H-I~~

15108. Lesions of typhoid fever. Case of S.O. Vanderpoel, M.D.

15109. Cancer of the bladder. Case of W.H. Bailey, M.D.

The preceding five photographs were presented by Dr. J.H. Packard.

15200. Mermaphrodite.

1520L. " See Trans Coll. Phys. 1895. Purchased.

15205. Photograph of a man; absence of penis.

15210. Photograph of an extensive abdominal wound. Healed.

Presented by Dr. Jos. Price.

Thos. Barry, age 26, shipping clerk, while engaged in a general fight, received two stab wounds, one on the right side extending from the third rib at the costo-cartilaginous junction and severing completely the cartilages of the 4th, 5th, 6th, 7th, 8th and 9th ribs, wounding the lung, and completely severing all the muscular and cartilaginous structures. The thoracic wound extended from the third rib to within an inch of the navel. The abdominal wound began a little to the right of the navel and extended to within two inches of Poupart's ligament on the left side, the wound having a curved direction, the convexity being directed to the right. The

15219' Two cases of acromegaly presented by Dr. C. W. Dulles. See Pg. 438
Trans. Coll. Phys. 1892.
~~Sec 77, drawer A-1~~
Section #7

See pages 438-440-442-444

length of the thoracic wound was a fraction less than thirteen and a half inches, the abdominal wound, a fraction over six and a half inches with almost complete (intestinal) evisceration.

Recovery. See St Louis Courier of Medicine. A.V.L. Brokaw, Dec., 1890.

15215. Photograph from a case of laparotomy for gunshot wound. Six perforated intestines. Recovery after operation by Dr. Edward Barrow, of Lexington, Ky.

15219 (see opposite page) Presented by Dr. Joseph Price.

15220. Photographs of acromegaly.

Presented by Dr. S. Solis Cohen.

✓ 15221.' ~~Five~~ Two photographs of acromegaly.

Presented by Dr. C. W. Dulles.

2 in Case 7 - others filed in "Miscellaneous" package.

See Trans. Coll. Phys., 1892.

Sec 77 drawer A-B

15300. Photographs of a case of congenital complete bilateral paralysis of the sixth and seventh nerves. Trans. Amer. Ophthal. Soc'y., 1881.

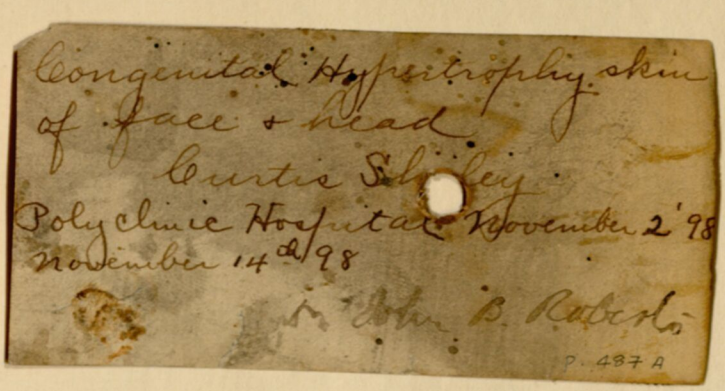
Presented by Dr. Geo. C. Harlan.

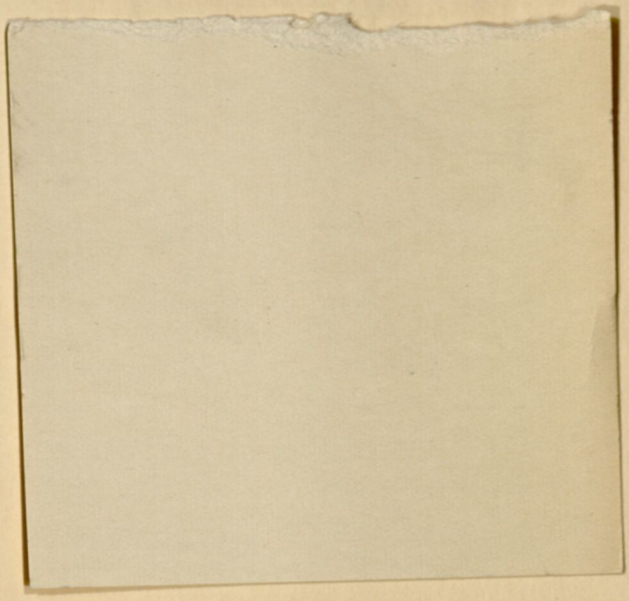
✓ ~~15400~~. Photograph of a case of hydrocephalus. Skeleton preserved in the Museum. Case of Thomas Jeff (see No).

Renumbered Pkg. # 15810 Photo. # 13 Presented by Dr. F. P. Henry.

Sec. 77, drawer A-1

3900. P. 487A


Congenital Hypertrophy skin
of face & head
Curtis Shirley
Polyclinic Hospital November 2'98
November 14th 98
John B. Roberts
P. 487 A



/ ~~15500.~~ Photograph of a piece of bone and cartilage from the internal condyle of the femur. Removed by Dr. J. Mynter by operation after ten months from the date of injury, separation having occurred. Case of Pasha Domenico, aet. 41.

Re-numbered Phy. # 15806 - Photo # 47

Presented by Dr. John H. Packard.

See 77 drawer A-1

15505. 3 photographs of the Gynaecological Operating Room at Johns Hopkins University. Presented by Dr. Howard A. Kelly and R. P. Harris.

15506. Photograph of Prof. Adam Politzer.

15600. Photograph of a diagram of the brain of an adult man. Mesial section. Case of a murderer. See Ref. Handbook Med. Sci. VIII, p. 109.

Presented by Dr. Bart. G. Wilder.

15601. Photograph of a diagram of mesial section of the brain of a chimpanzee, aet. 4 years; female.

Presented by Dr. Bart G. Wilder.

~~15700.~~ Clinical Photographs by H. Curschmann.

M.M.153.

Tafel	
1—3	Dystrophia muscularis progressiva infantilis, familiaris, pseudohypertrophica.
4—7	Dystrophia muscularis progressiva infantilis. (Mitbetheiligung des Gesichts. Keine Pseudohypertrophie.)
8—9	Dystrophia muscularis progressiva infantilis. (Art des Uebergangs von der liegenden in die aufrechte Haltung.)
10	Dystrophia muscularis progressiva infantilis pseudohypertrophica. (Lipomatosis muscularis luxurians progressiva.)
11	Dystrophia muscularis progressiva juvenilis.
12	Hypertrophia muscularis vera.
13	Lipomatosis perimuscularis circumscripta.
14—15	Lipomatosis perimuscularis circumscripta.
16—17	Akromegalie. (Mit Abbildung im Text.)
18—21	Syringomyelie. Halbseitiges Befallensein des Rückenmarks (Gliosis unilateralis).
22—23	Syringomyelie. (Morvan'sche Form.)
24	Atrophische Lähmung beider Beine in Folge von Poliomyelitis anter. dorsal. acuta.
25	Hemiparesis sin. cum atroph. et contractur. post encephalit. acut. infantil. (Infantile cerebrale Kinderlähmung.)
26	Atrophische Parese des rechten Beins in Folge von Poliomyelitis anterior lumbalis infantilis circumscripta.
27	Paralysis agitans.
28	Athetosis.
29	Hemiathetosis nach Poliencephalitis infantilis.
30—31	Kopfhaltung, Mundbewegung und Mimik bei Sclerosis multiplex cerebrospinalis.
32	Katalepsie mit halbseitiger Flexibilitas cerea. (Abbildung eines Falles von arc de cercle im Text.)
33—34	Myositis interstitialis chronica (fibrosa).
35	Atrophische Lähmung des muscul. infraspinat. sin.
36—37	Serratus-Lähmung. (Paralys. nerv. thorac. longi.)
38	Facialis-Lähmung. Unteres Facialis-Gebiet. (Supranucleäre Form.)
39	Vollständige linksseitige Oculomotorius-Lähmung. Parese des rectus extern.
40	Hochgradige Miosis (mit reflectorischer Pupillenstarre) bei Tabes dorsalis. „Spinale Miosis."
41—42	Morbus Basedowii.
43	Morbus Basedowii.
44	Periostitis syphilitica ossificans.
45	Aneurysma arcus Aortae.
46	Aneurysma arcus Aortae.
47	Aneurysma arcus Aortae sanatum?
48—49	Sarcoma sterni.
50—51	Fissura sterni congenita.
52	Carcinoma mediastin. antic.
53	Stauung höchsten Grades im Gebiete der Vena cava superior.
54	Carcinoma glandulae thyreoideae.
55	Struma parenchymatosa.
56	Struma cystica.
57	Pseudoleukaemia lymphatica.

See pages 438-440-442-444

15701. Rupture of the Heart without penetration of the Chest wall - Fall on bicycle handle-bar -

Trans. Amer. Climat. Assn - 1899
Medical Record 1899

Presented by Dr. G. Hudson

~~15702 Skiagraph Congenital Dislocation of both hips~~ Presented by Dr. ~~G. G. Davis~~

See Pg 460 - Renumbered # 15037 Pkg. 1 Skiagraphs

Sec 77, drawer A-1.

~~15703~~ - 2 photographs - Excessive deformities from multiple ~~Enchon~~ Enchondroma

Renumbered Pkg. # 15825 (Bones) Sec. 77-A-3

a. Boy — development began at two years old. Now affect every joint of his body. He is 20 years old, walk with crutches and wears home made cloth shoes. He thinks himself handsomer. None of the other members of the family are so affected.

b. Woman — This photograph presented by T. S. K. Morton.

Sec 77, drawer A-B

See Page 438

15704.' "Photograph of a Filipino with a tail about 5 inches long. Taken by my grandson John Freeman in the spring or summer of 1926. Presented by Dr. W. W. Keen"

In Miscellaneous Package Sec. 77 - Dr. A-3

Sec 77, drawer A-1

15705.' Pictorial Notebook of a doctor in China. Contains some very interesting cases.

Sec 77, drawer A-3

~~15706~~ 2 photographs — keloid.

Number discontinued. Photo in Pg. 15825 (Tumors)

Sec. 77 drawer A.-3

15707' Notes on Trench foot apparently from the Pennsylvania Hospital Unit during the World War with drawings by Doctor Krumbhaar. — Sec 77, drawer B-7

15708.' A case of Plica. Deposited by Henry W. Stelwagon, M.D., Clinical Professor of Dermatology in the Jefferson Medical College:—

Miscellaneous Package Sec. 77 Dr. A-3

"The somewhat unique case shown in the accompanying photograph and the notes of which I herewith briefly present, came under my notice some months ago. The patient, an extremely ignorant Irishwoman, aged forty, had been in this country but some weeks when she applied at the dispensary for treatment for an ordinary acne eruption. At her second visit

See Page 438

she was accompanied by her sister and brother-in-law, who desired to call my attention to a peculiar hair growth upon the patient's scalp. The hair, upon disarranging for examination, was found, with the exception of the part referred to, to be normal and reached to the shoulders. From a dollar-sized area in the middle of the occipital region, however, well down toward the neck, the hair had grown into a felted lock, about the thickness of a thumb, and four feet one inch in length — extending, in fact, to the patient's ankles. The skin from which it sprang was normal, and the hair arising therefrom for about three-fourths of an inch from the scalp exhibited no tendency to felting or irregularity; beginning here it rapidly passed into a soft, closely-felted mass with an irregularly smooth surface, with here and there hair ends projecting. Toward the extremity the lock for several inches began to taper, and terminated in a brush-like end of about the thickness of a small finger. The mass was dry without stickiness or offensive character, and free from vermin. The growth had begun twelve years back and had been gradual. When the sister who had accompanied the patient to the dispensary left Ireland ten years ago, the lock, as she remembered it, was then six or seven inches longer than the other hair and presented the same felted condition.

(over)

15708 (continued)

See Page 438

The growth in all its aspects was carefully examined and gave no evidence of being in any way due to lack of care or want of cleanliness; moreover, there was no sign or indication that the patient herself was at all responsible for its existence. So far as could be determined by careful investigation this curious formation had been of spontaneous origin, slowly becoming longer and longer, and that, too, without any corresponding growth or tendency to filting of the hair of the rest of the scalp. In this instance, as indeed in all cases of plica, the patient and her relatives and friends looked upon it with more or less awe and superstition. I regret to say that my failure to recognize the full depth and import of this reverential feeling lost me an opportunity for the further study, macroscopical and microscopical, of this unusual formation, inasmuch as an unfortunate suggestion made as to the advisability of cutting the lock off close to the scalp (with the idea in view of ascertaining whether the new-growing hair would exhibit the same tendency) was met on all sides with fear and doubt, and led, I believe, to the patient withdrawing herself from observation."

Read at the Fourteenth Annual Meeting of the American Dermatological Association.

Sec 77, drawer A-1

~~15709~~ — Noma or Cancrumoris
Renumbered Pkg. 15803 (Diseases of Face & Jaw) # 9 Photo.
Girl aet 3. Antecedent - measles.
Duration - 1 week - death
Compliments of J. T. Schamberg
1-5-1897

~~15710~~ — Ganglion in Flexure of left Elbow - duration 2 months
Renumbered Pkg. 15825 - Phot. (2 photographs) (Tumors)
Prts. by Dr. Ashhurst
Sec 77, drawer A-3

See Pg 438

6 Destroyed - 5/24/40 Auth. Committee

15711' Pelvi (8 views) sec 77 drawer A-1

~~15712~~ Alveolar Sarcoma (2 photographs)
Renumbered Pkg. 15825 (with Tumors)
Benjamin Oleurine
Excision of right clavicle for alveolar sarcoma March 3, 1894 (aet. 14)
Recurrent growth removed April 20, 1895 (aet 20)
Present recurrence noticed September 1896 - grew very rapidly after April 1897. Photos: - June 1897 (aet 22.) Univ. Hosp.
Dr. S. P. Glover, Altoona, Pa.
Sec 77, drawer A-3

15713' Mr. Chauncey Morlan, Age 25, Weight 602 lbs.
Miscellaneous Pkg.
Mrs. Morlan, Age 22 Weight 526 lbs.
Sec 77, drawer A-3

~~15714~~ (Renumbered Pkg. 15808) Hypertrophy of the Clitoris 3 photographs
Ovaries in the labia majora between which is the vaginal opening
Sec 77, drawer A-7

15715' Brain (lateral & anterior view)
for Miscellaneous Package
of Charles W. Guitran
Compliments of Dr. Lamb to Hom.
Charles O'Neill of Phila.
Missing
Sec 77, drawer A-3

15716': The Antikamnia Foetation and Parturition Chart.
(Antikamnia Chemical Company)
Sec 77, drawer A-1

~~15717~~ Elephantiasis of the scrotum before and after operation.
Number applied to package containing cases of Elephantiasis. See Pg. 508
Sec 77, drawer A-1

15718' Monsters (double)
Renumbered Pkg. # 15810 Photo. # 34
"This monstrosity was delivered by me, from a prima para on Friday, Feb. 3rd A.D. 1871. The delivery was effected by Forceps and Fillet. The children were dead - weighed 14 pounds - and powerful traction was used to effect the delivery. The patient suffered before, during and after delivery, she also had symptoms of peripheral mania. The children were to all appearances well formed with exception of the absence of common integument around the naval of a space about two inches in diameter - one umbilical cord - measured 21 inches in length - both were girls - a single placenta - from the 1st to the 14th symptoms of mania were present - on the 15 the she returned to consciousness and perfect and rapid recovery followed.
Brookville Pa. W. J. McKnight
Sec 77 drawer ~~A-1~~ B-1

See Pg #38

~~15719~~ Renumbered Pkg. #15806 Dr. Porter's case of hypertrophy of the breast in a young woman.

Sec 77, drawer A-1

~~15720~~ Renumbered Pkg. 15805 Necrosis of the skull. - W. B. Metcalfe. Dec '79. Univ. Hospital

Sec 77, drawer A-1

~~15721~~ Renumbered Pkg. 15826 Photo #18 Congretta Amadei aet 2. Photo taken 6-19-91 Anomalous skin disease. Also had meningitis

Sec 77, drawer A-1

~~15722.~~ Renumbered Pkg. 15825 (Gumors) Fibro lipoma of thigh originated from bruise by saddle before battle of Cold Harborn.

Sec 77, drawer A-3

15723' Applies to 9 photo. of gout. Gout - 2 photographs

Sec 77, drawer A-1

15724. ~~Elephantiasis, Elevan Five photographs~~ Legs by a sculpture showing emotions Sculptor - Dr. R. Sait McKenzie ~~Sec 77~~ drawer A-1 Sec 77 - Dr. B-1

15725' Gorilla Sec 77 drawer A-1

Destroyed May 24, 1940. Thought to be of no value

For Illustrations 15805-15809-15810- see Pg. 762

For Groups of Photographs see page 757

Materia Medica.

16018 ✓ Pg 630

~~16000.~~ Case of Chinese medicines. × The drugs & the type of container have not changed over a period of more than 1500 yrs. Dr. Keen -

16001. Case of medicines used by Dr. Hartshorne. Notice the old style dipper. Pg 630-631

Presented by Dr. William Pepper.

× This one has seen service for more than a century, yet its lacquer is in excellent condition. It is eleven inches high, by twelve inches long and seven inches wide, and contains five drawers sliding to and fro. In each drawer are a number of paper boxes, whose tops are ingeniously folded so that nothing can be spilled, even if the box be turned upside down, and yet, from the absence of all fastenings, the contents are readily accessible. All the drugs, as you see, are crude and repulsive, and, among them, some roughly powdered yet easily recognized beetles are but a sample of their frequently disgusting character.

~~16002.~~ ✓ Apothecary ~~scales~~ weights Pg 630

~~16002.~~ An old medicine chest

~~16003~~ ✓ 16019 Pg. 630 This medicine chest belonged to Proffessor Earnest Christian Bethausen of Hamburg, Germany. It accompanied him in his travels in the service of the German & Danish Governments (to iceland among other places) in the latter part of the last century.

Presented in the name of his daughter Mrs. Louisa M. Sommers by Howard N. Potts Oct. 1899.

15717- Cases of Elephantiasis -

1 - Picture of Nelson, before and after operation for Elephantiasis of the Scrotum.

2 - Photograph of Elephantiasis of the Scrotum

3 - Five photographs showing Elephantiasis cases

4 - Five photographs of cases of Elephantiasis from Dr. T. D. Morton

5 - Photograph showing a case of Elephantiasis of the Testicles. The patient, a native of Zanzibar, died two hours after the operation. Pres. to Dr. Mears by Dr. M. S. Page.

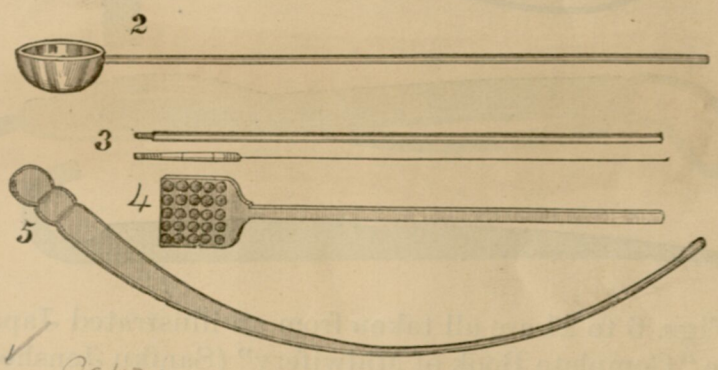
6 - Two photographs showing a case of Elephantiasis Arabium before and after operation. This was a case of Dr. J. S. Thebaud & letter from Dr. Thebaud dated Feb. 23, 1867 concerning the case, accompanies the photograph.

16005 Og. 630

~~17006~~. Fig. 2 shows one of a nest of six brass spoons of various sizes, for dispensing the drugs in the large medicine chest before shown.

Fig. 3 (lower figure) shows a fine silver needle much used in inflammation of the conjunctiva, and also on the abdomen. The hollow cylinder (upper figure, with the needle in it, is placed on the part, and the projecting end of the needle is tapped so as to puncture the tissue

16006 Japanese medicine spoon. Og 630
Presented by Dr. W. W. Keen



16007.00 Og 630
~~17007~~ Fig. 4 represents an ingenious method of counting pellets for dispensing. After dipping it in a mass of pellets, a slight shake will displace all except the twenty-five, which are held in place by the little cups, as the marbles are held in place in our common game of "solitaire."

Fig. 5 represents a curved knife of excellent steel, terminating in a probe. This is occasionally used in anal fistulæ, but more frequently in those resulting from scrofulous or other inflammations, in the neck, groin, etc. It resembles very much the "syringotome" or probe-knife employed by the late Dr. T. T. Hewson of this city. 17003 Og. 649

16010 Apothecaries Balance.
Og 630 Crude weights, probably made by comparing weight with imported dies and clipped metal until weights compared. Period about 1810.

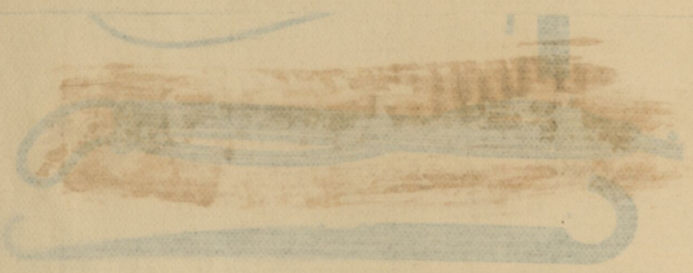
16011. Apothecaries Balance formerly belonging to
Og 630 Dr George P. Oliver.
Presented by Dr. C. A. Oliver.

16012 ~~More recent Apothecary weights~~

Og 630
16015 Soldier's pocket medicine case used during the Civil War.

16016 An old pocket medicine case.

~~16017~~ ~~Medicine Case~~



16500.00 Muscle beater Massage had been practiced by the Japanese as far back as 600 B.C. Og 639 513
Presented by Dr. J. M. Da Costa

16500.02 Og 639 Muscle beater
Presented by Dr. J. M. Da Costa

16500.04 Og 639 Muscle Beater
Presented by Dr. J. M. Da Costa

16500.06 Og 639 Muscle Beater
Presented by Dr. J. M. Da Costa

For Materia Surgica. see back of this catalogue

17000. 3 Chinese acupressure needles.

Presented by Dr. H.W. Boone, Shanghai, China.

The following nine Japanese instruments were presented by Dr. W.?W. Keen.

17001. Acupunture needle; used often on the cornea.

17001.05 Acupunture needle

Grad. needle for pure skin lancet.

calculator. probe #5. scoop. spatula & counter

Specimen showing self inflicted wound of Pericardium + apex of Heart. John B Roberts

Re: gifts

1729 Chestnut St
Philadelphia.
Nov. 1st, 1906

My dear Dr. Brinton:

Listen spray - 17103.16

I send you for the Mütter Museum two old instruments:

(1) a little portable atomizer, a relic of the days of carbolic acid spray;

(2) Davy's rectal lever for compression of the common iliac artery to prevent hemorrhage in operations on the lower extremity, especially hip-joint amputations. The thick part is the handle. The ~~rest,~~ stem you observe, is graduated.

Yours very truly,

W. W. Keen

By Dr Amos C Boomsall
a collection of Artificial Instruments for a

17103.16 - Atomizer

Act 1905 a collection of Lithotites
a specimen of horn extracted from L Pt to Wm Clar Bowman

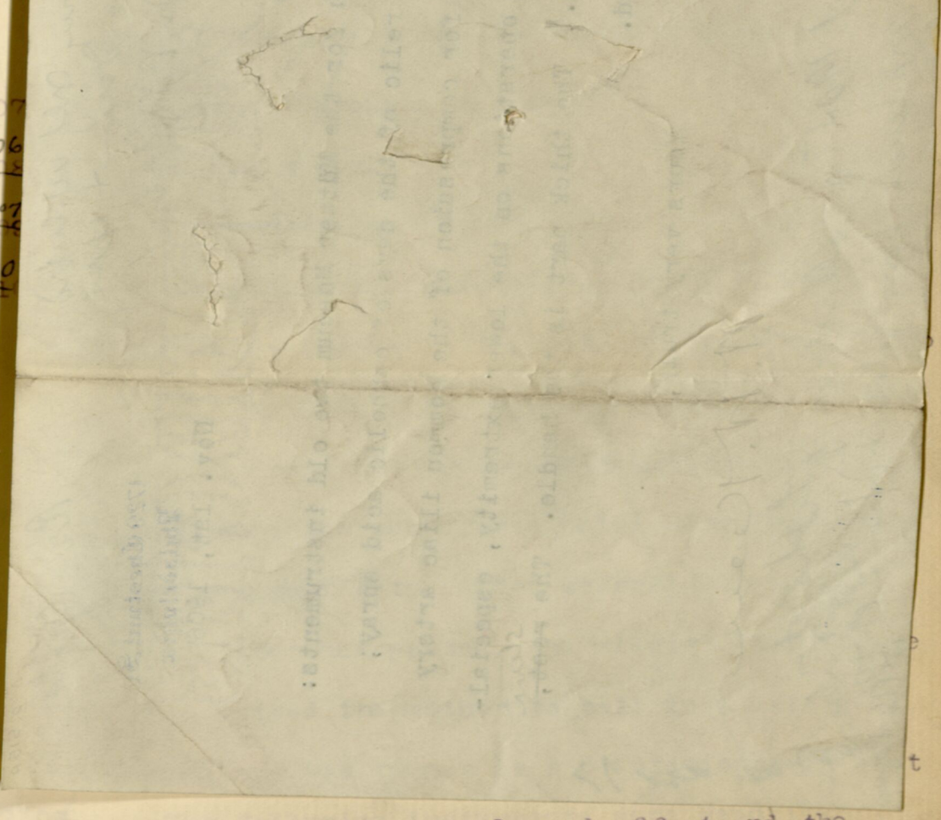
became alarmed and sent for a noted midwife, a resident of the same city. After several hours of ineffectual labor had passed, the midwife gave up the case and advised the mother to call in a native physician, who was famous as a practitioner in that special branch. After prolonged effort and the adoption of every method known to him, he too retired from the patient, naffled. As a final resort

Grad. needle for pure skin
lancet.
calculer.
probe #5.
scoop. spatula & counter.

For Materia Surgica. see back of this catalogue

17000. 3 Chinese acupressure needles.

Presented by Dr. H.W. Boone, Shanghai,



17001.
17001.
17002.
17003.
17004.
17005.
16005
~~17006~~
17007
16006
~~17008~~
16007
~~17009~~
17720
~~1701~~

Dr. Keen.

By. W.S. Forbes. p. 515b

A collection of Lithotrites

By. Anna C. Broomall.

A collection of obstetrical instruments.

By W.W. Keen

Instruments.

special branch. After prolonged effort and the adoption of every method known to him, he too retired from the patient, naffled. As a final resort

Grad. needle for pure skin
lancet.
catheter.
probe #5.
scoop. spatula & counter.

For Materia Surgica. see back of this catalogue

17000. 3 Chinese acupressure needles.

Presented by Dr. H.W. Boone, Shanghai, China.

The following nine Japanese instruments were presented by Dr. W.?W. Keen.

17001. Acupunture needle; used often on the cornea.
17001.05 Acupunture needle
17002. Graduated needles, for puncturing the skin.
17003. Probe.
17004. Lancet.
17005. Catheter; almost entirely original Japanese design and quite old; flexible spiral; metallic.
16005 ~~17006~~. Medicine scoop; one of a nest accompanying a chest. see page 511
17007. Blowpipe; European origin.
16006 ~~17008~~. Medicine spoon.
16007 ~~17009~~. Pill counter. see Page 511
17720.30 ~~17010~~. Obstetric hook. Presented by Dr. O.P. Rex.

Dr. Keen

A woman residing in the city of Hioge fell into labor and her mother, the acting obstetrician, thinking the case not progressing satisfactorily, became alarmed and sent for a noted midwife, a resident of the same city. After several hours of ineffectual labor had passed, the midwife gave up the case and advised the mother to call in a native physician, who was famous as a practitioner in that special branch. After prolonged effort and the adoption of every method known to him, he too retired from the patient, naffled. As a final resort

they called upon Dr. John C. Berry, a missionary physician, who, ascertaining a presenting shoulder, to be the cause of all the trouble, in due time succeeded in completing the delivery, though not without the aid of forceps. The third day the woman died, and a post mortem being allowed the lower portion of the womb was found to be torn into shreds through the attempt of the native midwife and physician to fasten this hook into some part by which he could make traction. The child, which was dead born, was found with many similar cuts about the shoulder. The obstetrician, whose practice was a large one in both Hiogo and the adjacent city of Kobe, became much interested in the forceps used by Dr. Berry, confessed their superiority over any instrument he knew of, and begging their loan, employed a Japanese blacksmith to make him a pair like them.

This hook was presented to Dr. Berry as a return for his kindness in acquainting the native physician of the obstetrical forceps and their use.

17045. Facsimile of a male catheter found in Pompeii.

Presented by Dr. Judson Daland.

17644,30
17050. Spectacles used by the Esquimaux in Alaska to Protect their Eyes from Snow Blindness.

Presented by Dr. G. E. de Schweinitz.

17101. The following instruments were deposited in the Museum of the Philadelphia Obstetrical Society:

1/78 20.46
~~17101~~. Forceps.

Made for Dr. Davis' short obstetrical forceps.

This pair caused the death of a woman and cost the physician $5000.00, for malpractive.

17102. Robertson's forceps.

Presented by Dr. F. M. Robertson, Charleston, S.C.

17820.10
~~17103.~~ Forceps.

17820.44
~~17104.~~ Forceps; short.

17820.48
~~17105.~~ Forceps; short.

17106. Haightons short forceps.

17820.06
~~17107.~~ Short forceps.

17108. Forceps of Prof. Lazarewitsch.

17820.52
~~17109.~~ Beatty's forceps (Dublin straight).

Presented by Dr. H. Y. Evans.

17820.34
~~17110.~~ Straight forceps. 17111.

17820.36
~~17111.~~ Forceps.

17820.18
~~17112.~~ Siebold's forceps.

Presented by Dr. William Goodell.

17113. Siebold's forceps. This pair fractured the pelvis of a woman and caused her death.

17820.30
~~17114.~~ Busch's forceps. German.

17115. Rohrer's Philadelphia forceps.

17820.42
~~17116.~~ Forceps.

17820.40
~~17117.~~ Simpson's forceps. Made in Edinburgh from the original model.

Presented by Dr. J. V. Ingham.

17118. Forceps. Bandelocque, Paris.

17119. Hodge's first modification of Bandelocque's forceps.

17820.22
~~17129.~~ Hodge's second forceps.

Presented to Mutter Museum by Dr. Joseph Warrington, Moorestown, N. J.

17822.04
~~17130.~~ Cranioclast of Prof. Lazarewitsch.

17131. Perforator.

17132. Placental forceps.

17720.06
~~17133.~~ Blunt hook of Prof. Lazarewitsch.

17134. Blunt hook.

17820.75
~~17140.~~ Forceps. Folds.

17820.84
~~17141.~~ Forceps.

17142. One blade of forceps made by a blacksmith in California; child delivered piecemeal; mother recovered.

Presented by Dr. J. M. Logan, Cala.

17143. Three hooks.

17560.00
~~17144.~~ Galvanic rectal bougie, used to produce abortion.

Presented by Dr. Evans.

17145. Fenestrated vaginal speculum.
Presented by Dr. A. Vandartingen.

17146. Vaginal speculum designed by Dr. A. H. Smith.

Presented by Dr. Smith.

17147. Wilson's uterine dilator.

Presented by Dr. Elwood Wilson.

17819.00
~~17148.~~ Placental forceps.

17819.02
~~17149.~~ Rotating placental forceps.

17819.04
~~17150.~~ Forceps.

17151. Rotating scoop.

17521.76
~~17160.~~ Van De Warker's intra-uterine vulcanite stem pessary; self-retaining.

Presented by Dr. Van De Warker, Syracuse, N.Y.

17161. 17121.72 Ingham's flexible galvanic stem pessary.

Presented by Dr. J. H. Ingham.

17161. 17521.70 1 Intra-uterine glass stem pessary of Dr. Alfred Meadow. Donor, Dr. Ingham.

17162. Hodge's gilded crescentic pessary - used before his double lever pessary.

Presented by Comegys Paul.

17200. Antiquw wooden clamp for castrating horses, etc.

Presented by Dr. John B. Roberts.

17250. Antique curved amputating instrument.

Presented by Dr. John B. Roberts.

17260. Two gimlets used for fixing excision of the knee for tuberculosis.

Presented by Dr. Roberts.

17275. Antique syringe; pewter.

Presented by Dr. H. M. Fisher.

17276. Antique syringe; pewter.

Presented by Dr. H.M. Fisher.

These syringes were made in Bordeaux, France, and are very heavy.

17300. 17020.04 Stethoscope. A long wooden stethoscope 12 1-2 inches long. It unscrews at the middle, and a conical portion can be detached at the end. Presented by Louis to Prof. Samuel Jackson.

17301. 17020.06 Stethoscope of 1820. Wood; ivory ends.

Presented by Dr. F. Bache.

17302. 17020.40 Stethoscope which belonged to Prof. Samuel Jackson. It is of wood, 8 inches long, conical and with ivory ends.

17350 Penandoh Kapala. Used for cupping the temples for relief of headache. An ornamented tube 15.5" x 1"
Presented by Dr. H.M. Hiller.

17351. Pumpist. Putus Sebau. 12.17.97.
Scarifying Instrument, 5 inches long set in a bamboo handle 12 " " .
Presented by Dr. H.M. Hiller

17352. Cupping Gourd. Penandoh Dec. 19.1897. Presented by Dr. Hiller

17330.00 Cupping set

17350.10

1735-6. Clinical Thermometer purchased by Dr Wm T. Jenks in Berlin in 1869.
Celsius Scale - non-registering -
Presented by Dr J.V. Ingham

17400. Plaster Cast for the Seq. 2914 209 4 demonstating the interrupted Method.

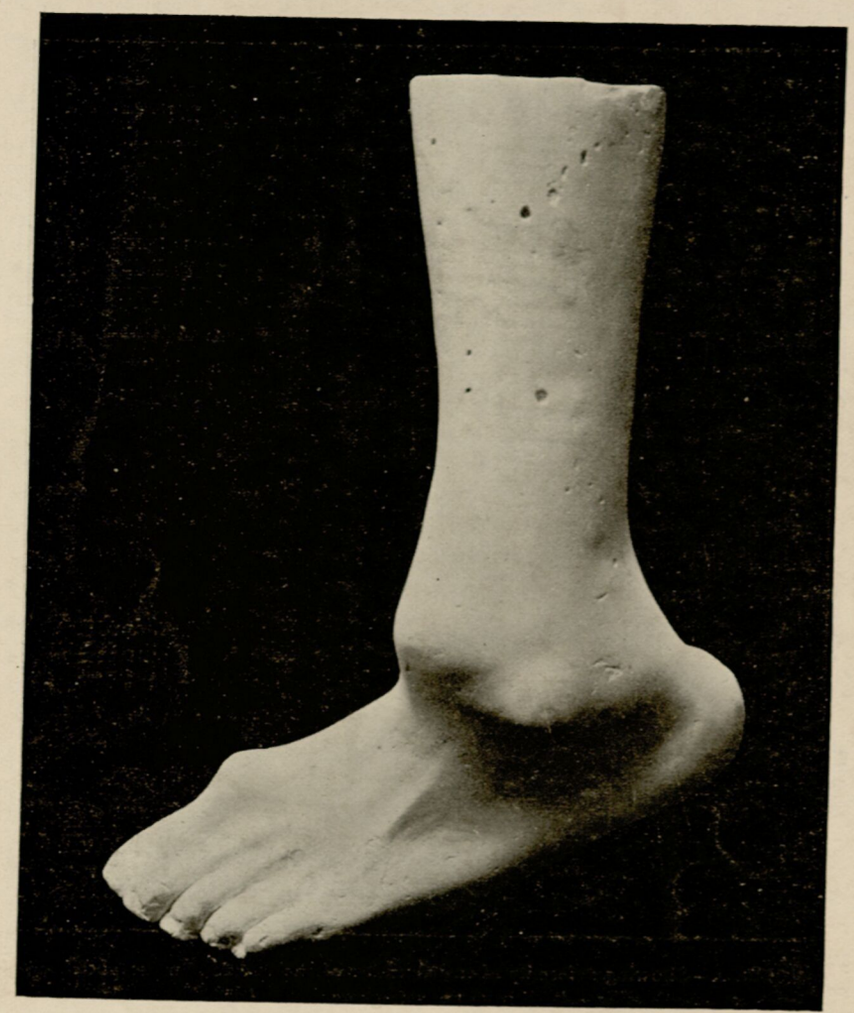


FIG. 1.—Showing deformity after dislocation of the astragalus at the ankle-joint.

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p. 533b

FIG. 2.—Showing deformity after dislocation of the os calcis and scaphoid from the astragalus.

p. 533c

BACKWARD LUXATION OF THE ASTRAGALUS AT THE ANKLE-JOINT.

DR. W. B. HOPKINS presented a man, aged thirty-five years, who was brought to the Pennsylvania Hospital, December 22, 1898, for an injury received by being caught in shafting while attempting to slip a belting on a wheel. Besides a severe laceration of the scrotum, which laid bare the tunica vaginalis and the sac of an inguinal hernia, he had sustained a dislocation at the ankle.

The foot was inverted to nearly a right angle. The anterior border of the articular surface of the tibia could be plainly seen beneath the skin, while the trochlea of the astragalus could be felt behind the ankle-joint. A plaster cast was at once taken of the injured parts. (Fig. 1.) Reduction was accomplished unintentionally by simply lifting the foot from the table by the toes, while in the act of cleansing it. The luxation could, however, be reproduced without effort at will by gently forcing the foot backward. In studying the deformity consequent upon this dislocation, it is interesting to note that the marked inversion of the foot is caused by the tibia resting upon the slanting plane of the tarsus, corresponding to the upper surfaces of the neck of the scaphoid. As can be readily demonstrated upon the skeleton, this is the point on which the tibia would naturally rest in occupying its new position.

The limb was placed in a fixed dressing, which was removed in five weeks. The patient never had any pain or discomfort from the luxation, his convalescence being entirely uneventful, but his scrotum suppurated, and now, at seven weeks, is not entirely healed, though he walks on his injured foot with ease.

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p. 533 d

DISLOCATION OF THE OS CALCIS AND SCAPHOID FROM THE ASTRAGALUS.

Dr. W. B. Hopkins presented a plaster cast of a foot and ankle in which a dislocation of the os calcis and scaphoid from the astragalus had occurred. He said that in describing dislocations it is on some accounts unfortunate that no fixed rule has ever been consistently adhered to, in naming the proximal or distal bone contributing to the displacement, as the bone dislocated. While the dislocation of any joint is more commonly named by the distal bone, such a definition is at times awkward and misleading. Thus to call an upward luxation of the acromial end of the clavicle a downward luxation of the scapula might readily be misunderstood, while in the dislocations about to be reported, the joint dislocated must be carefully specified in order to avoid confusion. An injury was described as above by Mr. George Pollock in a paper read before the Royal Medical and Chirurgical Society of London, entitled "Dislocation of the Os Calcis and Scaphoid from the Astragalus." While in this manner the injury is distinctly located, such a heading would easily escape observation in looking up references for a collection of data. As this latter consideration is very important in the titles of all subjects, to follow usage, without aiming at entire consistency, is perhaps the best alternative.

The case from which the plaster cast was taken (the man having been a patient of the Pennsylvania Hospital while the reporter was resident surgeon) has a history as follows:

J. D., aged thirty-six, a powerfully built, healthy man, while lowering a barrel of shellac from his wagon lost control of it, and rolling down the plank it struck both of his legs in front with great force. He had a compound fracture of his left leg. There was found great deformity of the right foot, consisting in a marked prominence about an inch and a half in front of the external malleolus, over which the skin was tightly drawn and which was easily distinguished as the smooth head of the astragalus. The foot was markedly inverted, but the contour of its plantar aspect was normal. The patient was etherized and the plaster-of-Paris cast (Fig. 2) was expeditiously taken. A more careful examination verified the diagnosis, showing the astragalus normally articulated at the ankle, but dislocated outward from the os calcis and scaphoid. There was no fracture. The dislocation was easily reduced by forcible eversion of the foot and counterpressure with the thumbs upon the head of the astragalus. Both limbs were placed in a fracture-box, a fixed dressing being applied later on to the right foot.

p. 533 e

A second case was admitted to the Episcopal Hospital in 1894. A man, aged forty-eight, had fallen from the rigging of a vessel to the deck, a distance of thirty feet, and had landed on his feet. The same deformity of the left foot as in that of the other case was observed, except that the head of the astragalus was not quite so prominent, nor was the inversion of the foot so complete. The articulation of the astragalus at the ankle-joint was undisturbed, and there was no fracture. The patient was etherized, and the dislocation reduced as in the other case, and with as little difficulty. A plaster-of-Paris dressing was applied. The patient made a good recovery.

Although in the paper by Mr. George Pollock, above referred to, thirty-two simple dislocations of this articulation of the astragalus have been collected, the injury is certainly a very rare one. Its occurrence depends upon the action of forces similar to, if not identical with, those causing the various fractures about the ankle-joint, which are among the most common of fractures of the lower extremity. The reduction, as stated in the two cases reported, was very easy, which would appear to be the exception and altogether contrary to the experience in most cases. An analysis of Mr. Pollock's table—that part of it relating to simple luxations—sufficiently demonstrates the extreme gravity of the injury. Six died, one recovered after amputation, three recovered after resection of the astragalus, eight recovered after unsuccessful efforts to reduce it, in one case the result was uncertain, and thirteen recovered after reduction. In his whole list, which includes compound as well as simple dislocations, of which fifty-five are tabulated, the results are not encouraging. The total number of reductions being only eighteen.

533

5-35-

17020.36
~~17303~~. Wooden stethoscope. Presented by L.A. Van Harlingen.

17020.34
~~17304~~. Wooden stethoscope. Presented by Dr. L.A. Van Harlingen.

17020.30
~~17305~~. Short wooden stethoscope; cylindrical. Presented by Dr. A. Van Harlingen.

17400. Plaster of Paris dressing for compound fracture of the leg; with fenestrum. Presented by Dr. F.S. Dennis.

17020.22
~~17308~~. Wooden stethoscope. Presented by Dr. J.K. Mitchell.

17020.12
~~17310~~ Wooden stethoscope bought in Edinburgh in 1859. Made from timber taken from the old Edinburgh infirmary. presented by Dr. Judson Haland.

17020.32
~~17307~~ Wooden stethoscope
Pres. by Dr. J.K. Mitchell

17020.08
~~17306~~ Wooden stethoscope of about 1640
Pres. by Dr. J.K. Mitchell.

17020.28
~~17343~~ Wooden stethoscope. Ivory ear piece. Presented by Dr. J. K. Mitchell.

17020.18
~~17341~~ Wooden stethoscope. Presented by Dr. J. M. Da Costa.

17020.16
~~17342~~ Wooden stethoscope. Presented by Dr. Arthur Van Harlingen.

17020.14
~~17343~~ Wooden stethoscope. Presented by Dr. Geo. I. McKelway.

17020.24
~~17344~~ Old french stethoscope with pleximeter attached. Presented by Dr. J. M. Da Costa.

17020.20
~~17345~~ Wooden stethoscope. Presented by Dr. J. M. Da Costa.

17020.44
~~17346~~ Stethoscope & pleximeter. Presented by Dr. J. M. Da Costa

17020.50
~~17347~~ Stethoscope. Presented by Dr. J. M. Da Costa.

17020.28
~~17348~~ Stethoscope of ivory & wood. Presented by Dr. Geo. I. McKelway

17020.10
~~17349~~ Skoda's stethoscope (about 1860) Presented by Dr. J. M. Da Costa.

17020.02
~~17350~~ Wooden stethoscope. Presented by Dr. Geo. I. McKelway.

17020.66
~~17351~~ Skoda's stethoscope. 1860. Presented by Dr. J. M. da Costa.

17020.64
~~17352~~. Original stethoscope of Cammann. Presented by Dr. J. M. da Costa.

17020.62
~~17353~~. Seaman's intensifying double stethoscope Presented by Dr. J. M. da Costa.

17020.54
~~17354~~ Flexible stethoscope. Presented by Dr. J. M. da Costa.

17020.52
~~17355~~ Wooden stethoscope

17020.42
~~17356~~ stethoscope.

17020.48
~~17357~~ stethoscope.

17020.54
~~17358~~ stethoscope

17020.46
~~17359~~ stethoscope

17020.00
~~17360~~ stethoscope

17020.26
~~17361~~ Wooden stethoscope with ivory fittings

Collection of Reproductions of instruments found at Pompeii. Presented by Dr. Joseph Leidy.

17500 Catheter.
17501 Trochar & cannula
17502 Lancet for animals.
17503 Obstetrical perforator.
17504 Forceps.
17505 Elevator.
17506 Pincettes.
17507 Speculum uteri.
17508 Speculum ani
17509 Sound.
17510 Lancet for phlebotomy
17511 Tenaculum.
17512 Combination sound & curette.
17513 Sonde á levier.

5-5-5-

Descriptive Catalogue of Pathological Specimens in the Museum of the Army Medical Department, Netley. London, 1892. Purchased.

40 Researches into causes, nature and treatment of the more prevalent diseases of India and of warm climates generally. Illustrated, with cases, post-mortem examinations and numerous colored engravings of morbid structures. by Jammes Annesly, Esq. 2 vols. 4to. Lon. 1828.

m m. 95 Aitken Sir Wm. Descriptive catalogue of the pathological specimens contained in the Museum of the Army Medical Department, Netbey 3rd. Edition.

Vol. 1, Lond. 1892 8 o.

m m.115 Ahlfeld F. Die missbil dungen des Menschen

Leipzig 1880 8 o.

Atlas oblong fol.

m m. 5 Baumgarten P. Lehrbuch der pathologischen mykologie

Braunschweig 1890, 2 vol. 8 o

m m. 45 Bright Richard, Report of Medical cases.

2 vols. (vol. 2 in 2 parts),L., 1827-31 4 o

m m. 63 Braime W. Das venensystem des Menschlichen Korpers. Erste lief, Die venen der vorderen rumpfwand des menschen Zeveite lief. Die venem des fusses und unterschenkels.

Leipzig 1884, 1889 8o

Atlas 2 vols. ob. fol.

m m. 64 Becken Otto, Atlas der pathologischen topographie des anges. Lieferung 1, 2, 3.

Wen. 1874, 1875,1878, fo.

m m. 70 Beraud B. J. Atlas of surgical and topographical anatomy. Trans by R. T. Hulme.

Lond. 1867. Roy. 8 o.

m m. 92 Babes V. and P. Blocz. Atlas du pathologischen histologie des nervensystems.

Berlin, 1892,1894 8 o.

m m. 98 Blumenbach, J. F. Collections sual craniorum diver sorum gentium Decas 1- lV

Gottingal, 1790, 1820 4 o

Barkow, H.C.L. Die Venen der obern Extremitat des Menschen. Folio. Breslau, 1868.

m m. 110 Bonn A. Tabulae anatomico-chirurgical doctrinam herniarum (Latin and Dutch) Lugd. Bat. 1828 fol.

m m. 122 Barkow H. C. L. Die venem der obern extremitat des menschen. Breslau, 1868 fol.

m m. 125 Blocq, Pet. A Londe Anatomie pathologique de la moelle epiniere P. 1891. 4 o.

m m. 129 Barkow H. C. L. Anatomische untersuchungen uber die Hamblase des menschen. Breslau 1858 fol.

m m. 135 Benchiser O and M. Hofmeier, Beituacge Zuianatomie des Schwangeren und Kreissenden utemis.

Stuttgart 1887, 4 o.

m m. 141 Braune W. and P. Zweifel Gefrierdurchschnitten.

Leipzig 1890 test 8 o

Atlas fol.

96 Brissaud, E. Anatomie du Cerveau de l'homme. Texte et Atlas. Paris, 1893. 8vo. and 4to. Purchased.

103 Anatomie descriptive on physiologique Traite complete de l' anatomie de l'homme comprenant la medicine operatoire par la docteur J.M. Bougery avec planches lithographees d'aprez nature par N.H. Jacob.

Ouvrage divisee en quatre parties.

Anatomie descriptive))Anatomie generale
Anatomie chirurgicale.) Anatomie philosophique.

En huit tomes; folio.

94 Bruce, Alexander. Illustrations of the Nerve Tracts in the Middle and Hind-brain. London, 1892. Purchased.

85 Bernstein, J. Nerven- und Muskel-Systeme. Heidelberg, 1871. 8vo.

m m. 69 Morgan J. H. A Descriptive catalogue of the Pathological Museum of Charing Cross Hospital.

Lond. 1888 8 o.

m m. 74 (Clark Wm.) Catalogue of the ostealogical portion of specimen contained in the anatomical Museum of the University of Cambridge. Cambridge 1862. 8 o.

m m. 121 Carus C. G. Neuer Atlas der cranioskopie. Zweite cuvflage, der atlas der cronioskopie.

Leipzig 1864 fol.

m m. 153 Curschmann H. Klimische abbildunger.

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m m. 159 Cuyer E. Atlas manuel d' anatomie etembertaire.

Paris 1895, 4 o.

Pathological Anatomy.

43 Illustrations of the elemental forms of disease. By Robert Carswell, M. D. Lon. 1838. Colored lithographic plates.

m m. 71 Duchenne G. B. (de Boulogne) Physiologie des monvements

Paris (etc) 1867 8 o.

156 Dejerine, J. Anatomie des Centres Nerveux. Tome I. Paris, 1895. 8vo. Purchased.

Topographical anatomy of the brain, by J.C. Dalton, M.D. 3 vols. 48 plates. Philada., 1885.

m m. 7 Ehrmann C. H. Nouvean catalogue due Musie d' anatomie normale et pathologique de la faculte de medecine de Strasbourg. Strasbourg, 1843, 8 o.

m m. 2 Foster A. Die missbildung des menschen
Jena. 1861 4 o.

m m. 66 Flower W. H. Catalogue of the specimens ullustating the asteology and dentition of verte brate animals. Part 1 Man. Lond. 1879 8 o.

m m. 78 Fraenkel C. and R. Pfeiffer- Mikrophotographischen Atlas der Bakterunk unde.
Berlin 1889--92 8 o.

m m. 108 Fraser Alec. A guide to operations on the Brain.
Lond. 1890 fol.

m m. 151 Flattan E. Atlas des menschlichen gehirus und des Faserverlaufs. Berlin 1894 fol.

100 The Shanatophidia of India. Being a description of the various snakes of the Indian peninsula; with an account of the influence of their poison on life; and a series of experiment s. By J. Fayrer, M. D., C.S.I., F.R.S.E. Folio. Lon. 1872. 31 Plates.

62 Pathological Anatomy of the Lungs. By Wilson Fox, M.D., F.R.S. Atlas of 45 plates. 286 pp. 4to. Lon. 1888. Purchased.

m m. 54 Guy's Hospital. Catalogue of the Museum.
L. 1863.

m m. 60 Habershon S. O. Models of diseases of the skin in the Museum of Goy's Hospital.

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82 Hofmeier, M. Die mensichliche Placenta. Wiesbaden,

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67 Uber das innere Gehororgan des Menschen und der Saugethieren. Joseph Hyrtl. Folio. Prag, 1845. Presented by Dr. Charles H. Burnett.

131 Henle, J. Zur Anatomie der Crystallinse. 1878. 4to. Purchased.

83 James Hinton. Atlas of the Membrana Tympani; with descriptive text. 150 Water Color Paintings. 8vo. London, 1874. Presented by Dr. William Thomson.

124 Barton C. Hirst and George A. Piersol. Human Monstrosities. Quarto. Philadelphia. 1891. Purchased.

VI. MY works which have appeared since the last Exhibition at Paris.

1. Twelth edition of my "Anatomy of Man" Vienna, 1873.

When an anatomical book within twenty-five years has seen twelve editions and seven translations, and in 36000 copies, has made itself at home in places where anatomy is constantly studied and taught, it may then surely have some claim to be called a world's book, and deserves as such its well-earned place in a World's Exhibition.

42 2. Sixth edition of my "Topographical Anatomy" Vienna, 1871, in two volumes.

Though this work, whose first edition appeared in the year 1847, I have introduced into Germany the science of topographical anatomy, that is, the anatomy of the practical physician. The demand for the book has so increased that a seventh edition is now being prepared. Four translations furnish evidence that in countries of foreign language, the value of practical anatomy is appreciated and acknowledged by scientific physicians.

42 3. "Corrosional Anatomy and its Products," Vienna, 1873, quarto, with 18 plates in colors.

I have written this book with the intention that everyone who will have the courage practically to interest himself in the department of Corrosional Anatomy, so wide in its applications so damaging to health, may obtain the desired information concerning the history, method and results in a department whose name is scarcely known. The corrosional preparations in Group III. of my exhibition furnished the orig-

inals for most of the representations. Every page of the book contains something new, which without the aid of Corrosion, would have remained concealed and unknown forever. The role which the spiral plays in the vascular system and in the excretory ducts of the glands, constitutes perhaps the most important result of this work.

4. "The Blood-vessels of the human Placenta" &c. Vienna, 1870 Folio, with 20 chromo-lithographic Plates.

As a special work on the construction of the vessels of the Placenta, this book contains everything which can be offered to the obstetrician and the anatomist by the anatomy of the placenta and umbilical cord, with reference to the normal and abnormal relations of the blood-vessels. Twenty plates represent the rarest cases of single, twin and triplet placentae, which have come before me during a study of this subject for many years. The two obstetrical clinics, the great kindness of several practical physicians of the city, have furnished me with a rich material through the careful treatment of which the anatomy of the placenta may looked upon as concluded. The book was crowned by the Academy of Paris with the Godard Prize.

5 and 6. The two treatises: Past and Present of the Museum for Human Anatomy, Vienna, 1869, "and "The Museum of Comparative Anatomy of the Medical Faculty of Vienna, 1865." depict the contents of the collections of human and comparative anatomy which are under my direction. The first of the two treatises gives at the same time the history pf anatomy in the University of Vienna.

The effort of my anatomical life has been directed to furnishing the lectureships which I have so much at heart, with museums whose wealth and instructive beauty gives them the first place among all similar collections. Both museums together contained in the year of the publication of the catalogue, 10,219 Preparations. In the meanwhile so much has been added to them that this number has risen to 12700. To issue a supplementary catalogue, would be a meritorious work upon which my successor will perhaps resolve.

7. Cryptobrancus japonicus, was printed as a pamphlet on the occasion of the celebration of 500th Anniversery of the University of Vienna, which fell in the year of my rectorship. As Rector I considered it a duty of honor to perpetuate the memory of this celebration by a work written according to old usage, in the Latin language.

Schediasma anatomicum. Vindob. 1865. Fol. cum XIV tabulis

8 and 9. The last two volumes of my exhibited writings contain my collected academical treatises since the founding of the Academy. There are 24 of them from the memoirs, with 95 plates, and 46 from the reports of preceedings, with 31 plates. May they serve as proofs that I have acted as faithfully in my position as member of the Academy, as in my calling as a teacher of anatomy.

42 Die Corrosions - anatomie und ihre Ergebnisse. Von Joseph Hyrtl. Mit 20 chromolithographirten tafeln Folio.

Wien, 1873.

48 Uber normale and abnorme verhaltnisse der schlagadern des unterschenkels. Von Joseph Hyrtl. Mit 10 tafeln.

Wien 1864.

48 Die Bulbi der Placenter-arterien. Von Joseph Hyrtl. Mit 5 tafeln. Wien 1869.

48 Das merenbecken der sangethiere und des menschen. Von Joseph Hyrtl. Mit 7 tafeln. Wien 1870.

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Vorgelegt in der Sitzung am 7 Janner 1870.

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Leipsig, 1859.

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50 Catalogue of the pathological cabinet of the New York Hospital. By Robert Ray, Jr., M.D., Curator. N.Y. 1860.

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513 16500.04 " " "

513 16500.06 " " "

16500.08 Kane Arctic Case. This case of instruments belonged to Elisha Kent Kane, the arctic explorer who died in Havana, Feb. 1857. He accompanied the first Grinnell Expedition in search of Sir John Franklin in 1850-1851, and commanded the second Grinnell Expedition 1853-1855. These instruments were taken along on the ~~first~~ second expedition, and as far as can be ascertained, were on the first expedition. They have been as far north as Latitude 80° 50'. Presented by Dr. J. A. Bayard Kane. Elisha Kent Kane M. D. Memorial Collection. Case 102.

Case 102.

16500.10 Nuer Weapon. - Fishing Spear. If stolen, the Nuer fine is a cow.

16500.12 Nuer Weapon. - Spear. Carried always for protection against people & animals

16500.14 Nuer Bracelet. - Worn by men, once in awhile worn by women.

16500.16 Nuer Bracelet. - Worn by men, women & children.

16500.18 Nuer Spear - Worn mostly by men; handy for chastising wife.

16500.20 Nuer Spear. - Worn by men, women & children.

16500.22 Nuer Belt.

Clifford B. Farr presents to the Mütter Museum the following: Nuer weapons, bracelets and belt; they were sent to Dr. Farr by Miss Soule a missionary (formerly Directress of Nurses at the Germantown Hospital) who is stationed at Nasser, Sobat River, Anglo-Egyptian Sudan, Africa.

April 19, 1932.

p. 639 a

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April 19th, 1932.

Physiology 16500.00 Muscle Beater. Presented by Dr. J. M. Da Costa. Case 101.

" 16500.02 " " "

" 16500.04 " " "

" 16500.06 " " "

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Acupuncture: See enclosed sheet.

17002.00 Graduated needle for puncturing the skin. Japan. Presented by Dr. W. W. Keen. case 102

17004.00 Lancet. Japan. Presented by Dr. W. W. Keen. "

17006. Lancet and Acupuncture Needle Used by Native Korean Physicians. Presented by Dr. George Cretty Shoemaker. "

17006.05 Types of Japanese Acupuncture Needles. Presented to Dr. John Ashhurst Jr. by Dr. S. Weir Mitchell. Presented by Dr. Astley P.C. Ashhurst. Three needles. "

17006.10 Chinese Acupuncture Needles. Shanghai China. Presented by Dr. H. W. Boone. (Thirtun Needles.) "

17006.15 Instruments of a Korean Surgeon. Native School Presented by Dr. Rosetta Sherwood Hall, Korea. 14 Acupuncture Needles. Two heating instruments. Many needles are not sterilized, and their use is followed by infection.

17006.20 Eleven Acupuncture Needles. case 102.

Case 83, Shelf 2. 649.

17000.00 Early Microscope. Oil used as an illuminator.

17001.05 Acupuncture Needles. (12 in case.). Case 102

17003. Probe. Japan. Presented by Dr. W. W. Keen. case 101.

17005. Catheter. Flexible, metallic, spiral. Almost entirely original Japanese design, and quite old. Presented by Dr. W. W. Keen. case 101.

per page 511 for picture and description.

17007.

17008.00

17009.00

600 B.C. Massage and Acupuncture practised by the Japanese.

Acupuncture originated in China. A needle was inserted an inch or so with a twisting motion into the seat of pain. Chart shows 367 points of injection without injury to organs.

" is the insertion of a fine needle of gold or silver.

" was the only distinctive operation practised in China which was done for the relief of pain and inflammation. The needle remains in the tissue several days

p. 649 b

Chinese Acupressure Needles

p. 649 a

Presented by
Dr. H.W. Boone
Shanghai
China

17000

Acupuncture: See enclosed sheet.

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649.

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17005. Catheter. Flexible, metallic, spiral. Almost entirely original Japanese design, and quite old. Presented by Dr. W. W. Keen. case 101.

see page 511 for picture and description.

17007. 20 Shelf. 4.

17008.

17009.

COMMITTEE OF THE MÜTTER MUSEUM
DR. GEORGE FETTEROLF, CHAIRMAN
DR. GEORGE P. MÜLLER
DR. MILTON J. GREENMAN

DR. HENRY MORRIS, CURATOR

MÜTTER MUSEUM
College of Physicians of Philadelphia
22D STREET ABOVE CHESTNUT

192

17015.00 Percussion Hammer.
case 77. Presented by Dr. J. M. DaCosta

17015.05 Percussor
case 77. Presented by Dr. J. M. DaCosta

17015.10 Skoda's Model. Wintrich Percussion Hammer.
case 77. Presented by Dr J. M. DaCosta.

17015.15 Percussion Hammer. Used by Dr. J. M. DaCosta. Presented by Dr. Ward Brinton in 1932.
case 77.

17017.00 This pleximeter is graduated in centimeters so that it may be used in measuring.
case 77.

17017.01 Pleximeter used by Dr. J. M. Da Costa. Presented by Dr. Ward Brinton, Nov. 14, 1932.
case 77.

17020.225 Wooden Stethoscope. This stethoscope was the property of John Wilson Johnston, M.D. graduate of the Albany Medical College, 1864, whose son Charles Oliver Johnston, M.D. was a class mate of Dr. A.C. Morgan in the Medico-Chirurgical College of Phila, Class 1897. Given to Dr. Morgan by Dr. Chas. Oliver Johnston. The Stethoscope is as it was when the late Dr. Johnston used it in his practice at Claysburg-Pa. Presented by Dr. A.C. Morgan, Jan. 14, 1939.

17020.00 Stethoscope — case 77.

17020.02 Wooden Stethoscope — case 77.
Presented by Dr. Geo. L. McKelway

17020.04 A long wooden stethoscope. — case 77.
Length 12.5 inches. It unscrews at the middle and a conical portion can be detached at the end. This is a model like Laennec's
Presented by Louis to Professor Samuel Jackson.

17020.06 Stethoscope of 1820 — case 77.
Wood; ivory ends.
Presented by Dr. F. Bache.

17020.08 Wooden stethoscope of about 1840.
case 77. Presented by Dr. J. K. Mitchell

17020.10 Skoda's stethoscope (about 1860)
case 77. Presented by Dr. J. M. DaCosta

17020.12 Wooden stethoscope obtained in Edinburghin 1889 by Dr. Judson Doland. It was made from timber taken from the old Edinburgh Infirmary. In shape and length it represents the single metal Stethoscope employed by most English physicians. The length was not due to any peculiar accoustic advantages, but it was made this way so as to fit tightly into the top hat so universally worn at that time by our English confreres. case 77.
Presented by Dr Judson Doland

17020.14 Wooden stethoscope. — case 77.
Presented by Dr. George L. McKelway

~~17020.14~~ ~~Wooden stethoscope~~
~~Presented by Dr. George L. McKelway~~

17020.16 Wooden stethoscope — case 77.
Presented by Dr. Arthur Van Harlingen.

17020.18 Wooden stethoscope. — case 77.
Presented by Dr. J. M. DaCosta

17020.20 Wooden stethoscope — case 77.
Presented by Dr. J. M. DaCosta.

17020.22 Stethoscope of ivory and wood.
case 77. Presented by Dr. J. K. Mitchell

17020.225 — See Pg. 650 for details.

17020.24 Old French stethoscope with pleximeter attached.
case 77. Presented by Dr. J. M. DaCosta

17020.26 Wooden stethoscope with ivory fittings
Case 77.

17020.28 Wooden stethoscope with ivory ear piece
Case 77. Presented by Dr. J. K. Mitchell

17020.30 Short coglindrical - wooden stethoscope.
case 77. Presented by Dr. L. A. Van Harlingen

17020.32 Wooden stethoscope.
Case 77. Presented by Dr. J. K. Mitchell.

17020.34 Wooden stethoscope. — case 77.
Presented by Dr. L. A. Van Harlingen

17020.36 Wooden stethoscope — case 77.
Presented by Dr. L. A. Van Harlingen

17020.38 Stethoscope and pleximeter of ivory and wood.
case 77. Presented by Dr. Geo. L. McKelway

17020.46 Stethoscope which belonged to Professor Samuel Jackson. It is of wood, 8 inches long, conical, with ivory ends. — case 77.

17020.42 Stethoscope. — case 77.

17020.44 Stethoscope and pleximeter. — case 77.
Presented by Dr. J. M. DaCosta.

17020.45 Stethoscope — Case 77

17020.46 Stethoscope — case 77.

17020.48 Stethoscope. — case 77.

17020.49 Stethoscope used for many years by Prof. J. M. DaCosta, former Pres. of the College of Physicians. Presented by Dr. Ward Brinton 1932.
case 77.

17020.50 Stethoscope — case 77.
Presented by Dr. J. M. DaCosta

17020.51 Stethoscope. Used for many years by Prof. J. M. DaCosta, former Pres. of the College of Physicians. Presented by Dr. Ward Brinton. 1932.
case 77.

17020.52 Wooden stethoscope — case 77.

17020.53 Stethoscope. — case 77.

17020.54 Flexible stethoscope. — case 77.
Presented by Dr. J. M. DaCosta.

17020.55 Flexible stethoscope

17020.52 Arnold's single elastic stethoscope.
Case 77.

17020.58 Snofton's stethoscope is one of the lightest and most simple of binaural stethoscopes. As the instrument is soft and folds into small space, it can be conveniently carried in the pocket. It's sound-transmitting quality is limited by its method of construction. – Case 77.

17020.60 Binaural stethoscope. Early model.
Case 77. Presented by Dr. J. M. DaCosta

17020.62 Leaman's intensifying double stethoscope.
Case 77. Presented by Dr. J. M. DaCosta.

17020.64 Original stethoscope of Camman.
Case 77. Presented by Dr. J. M. DaCosta

17020.66 Skoda's stethoscope. 1860. – case 77.
Presented by Dr. J. M. DaCosta.

17020.68 missing Phonendoscope.

17020.70 Cardiac Stethoscope used in Groux's case.
For report of M. Eugene Groux see Library of the College of Physicians. BC / 38 / 4 / 26
Case 77.

17020.72 Cardiac Stethoscope.
Case 77. Presented by Dr. J. M. DaCosta

17020.74 Koenig Cardiac Stethoscope.
Case 77. Presented by Dr. J. M. DaCosta

17020.80 The stethoscope in the World War.
Ordinary stethoscopes were used early in the World War for detecting the presence of enemy craft and submarines. After a number of sea-men had become deaf following near by depth bomb explosions the balve like arrangement here displayed was placed between the bell and the ear. Very intense sounds then closed the valve and protected the ears of the listener.
Case 77. Obtained from the U.S. Navy

Thermometers

17050.00 Clinical thermometer. Civil War period. The scale is not etched on the glass, but is affixed to it. Manufactured by J. W. Queen and Co. Phila.
Case 64.

17050.02 The clinical thermometer of the Civil War period. Notice that the register range is perpendicular, the portion to be introduced under the tongue being bent at an angle to accomplish this. 1860 – 1865. Case 64.

17050.04 Clinical thermometer of Civil War period. Manufactured by Colombo and Tagliabue N. Y.
Case 64.

17050.06 Clinical thermometer. Made in Philadelphia about 1860.
Case 64.

17050.08 A clinical thermo... neu-facture. 1850-1860.
When introduced ... registering level of the ... in the perpendicul...
This type requir... purposes and required ... register

17050.09 Medical thermometer – Ca...

17050.10 Purchased by Dr. ... The clinical therm... by Geissler, Berlin ... Pres... Made ... tering ... gham

17050.12 Rectal thermomete...
Manufactured by Teka, Germany. Case 64.

17050.14 Clinical thermometer and urinometer.
Made in Philadelphia by W. H. Pile in 1864.
Presented by Dr. Arthur V. Meigs
Case 64.

Thermometers
p 655 A

17020.56 Arnold's single elastic stethoscope.
case 77.

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17020.60 Binaural stethoscope. Early model
case 77. Presented by Dr. J. M. Da Costa

17020.62 Leaman's intensifying double stethoscope.
case 77. Presented by Dr. J. M. Da Costa.

17020.64 Original stethoscope of Camman.
case 77. Presented by Dr. J. M. Da Costa

17020.66 Skoda's stethoscope. 1860. — case 77.
[illegible] Da Costa.

17020.68 missing Phonendosc[illegible]

17020.70 Cardiac Ste[illegible] x's case.
For report of [illegible] ibrary
of the College [illegible]
case 77.

17020.72 Cardiac Ste[illegible]
case 77. [illegible] Da Costa

17020.74 Koenig Car[illegible]
case 77. [illegible] Da Costa

17020.80 The stetho[illegible] ar
Ordinary s[illegible] early in the World War for [illegible] of enemy craft and subm[illegible] ber of seamen had becom[illegible] by depth bomb explosions the valve like arrangement here displayed was placed between the bell and the ear. Very intense sounds then closed the valve and protected the ears of the listener
case 77. Obtained from the U.S. Navy

Start

Thermometers

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17050.04 Clinical thermometer of Civil War period. Manufactured by Colombo and Tagliabue N. Y. case 64.

17050.06 Clinical thermometer. Made in Philadelphia about 1860. case 64.

17050.08 A clinical thermometer of French manufacture. 1850-1860.
When introduced under the tongue the registering level of the mercury was always in the perpendicular portion.
This type required a holster for carrying purposes and required several minutes to register. case 64.

17050.09 Medical thermometer - Case - 64

17050.10 Purchased by Dr. Wm. F. Jenks.
The clinical thermometer in 1869. Made by Geissler, Berlin. Celsus Scale - non-registering
Presented by Dr. J. V. Ingham. case 64.

17050.12 Rectal thermometer with pocket case.
Manufactured by Teka, Germany. case 64.

17050.14 Clinical thermometer and urinometer.
Made in Philadelphia by W. H. Pile in 1864.
Presented by Dr. Arthur V. Meigs. case 64.

17050.16 Clinical thermometer made in London, 1879. Originally owned by Dr. William H. Webb.
case 64.

Presented by Dr. J. M. Barton.

17050.18 Clinical thermometers of 1885. Made by Tiemann and Co. Graduations denoted only degrees above and degrees below normal. case 64.

1702000

p. 657a

No record of this instrument

1729 Chestnut St.
Philadelphia.

April 30th, 1903.

My dear Dr. Neilson:-

With this I take great pleasure in sending to you for the College of Physicians the craniometer that belonged to Dr. Harrison Allen. You will see by the little note enclosed from his daughter, Miss Dorothy, that they desire to give it to the College for use by any of the Fellows of the College. Of course the personal note I send simply for your information. Please present ~~it~~ the instrument to the College at the next meeting.

Yours very truly,

W. W. Keen

tapering nozzle that was originally intended for the lachrymal duct. A small incision had to be made in the skin to allow the nozzle to be inserted. Case 61.

17050.16 X Clinical thermometer made in London, 1879. Originally owned by Dr. William H. Webb.
case 64. Presented by Dr. J. M. Barton.

17050.18 X Clinical thermometers of 1885. Made by Tiemann and Co. Graduations denoted only degrees above and degrees below normal. case 64.

17020.00

Hypodermics

17090.00 X — A needle trocar as first devised by Lapargue. It is made of pewter and rather ornate. The needle is detachable and the piston is of leather. It was frequently necessary to first make an incision through the skin in order to introduce the rather obtuse needle. The dosage was obviously poorly controlled. case 61.

17090.02 X In 1839, Dr. Taylor Washington, of New York, used for the first time a solution of morphine in the Anel Syringe. This syringe is the real progenitor of the present hypodermic instrumentarium. It was a small sterling silver, leather piston syringe with a fine elongated tapering nozzle that was originally intended for the lachrymal duct. A small incision had to be made in the skin to allow the nozzle to be inserted. case 61.

17090.04 IX In 1843 Dr. Alexander Wood, of Edinburgh, described the Ferguson syringe and about 1859, Dr. Charles Hunter, of London, made a cutting point on the nozzle of this syringe.

This syringe of French manufacture has unpointed needles. The needles are still attached by means of a thread. The plunger screws downward. The metal parts are sterling silver. case 61.

17090.06 IX The use of specially constructed syringes and needles now became more universal; the early text books on Hypodermic Medication show syringes made by Tiemann and Co., New York, Gemrig and Son, Philadelphia, and Wm. Antenrieth, Cincinnati. The syringes were made of glass, hard rubber, sterling silver, celluloid and German silver. The pistons were mostly of leather.

This syringe is one of the first made in Philadelphia by Gemrig in 1857. case 61.

17090.08 IX In 1856, Dr. Hoadyce Barker, of New York, while in Edinburgh, was presented with a Ferguson syringe and from this model Geo. Tiemann and Co. produced the first hypodermic syringes that were made in the U.S.A.

This is one of the first six syringes of this type made by Tiemann and Co. case 61.

17090.10 IX In 1853, Dr. C. G. Pravaz of Lyons, France, first employed a separate needle with the slip joint and in European countries even now hypodermic syringes and needles are commonly known as Pravaz syringes and needles.

This early Pravaz is of ivory and glass. case 61.

—

17090.12 IX Hypodermic syringe and tablets. The tablets will dissolve instantly in water. They will keep indefinitely in any climate. case 61.

17090.14 IX A Pravaz syringe of metal, gold plated. case 62.

17090.16 IX Hypodermic set. French manufacture. Purchased in Paris, 1872. case 61.

17090.18 IX Hypodermic set. Purchased in Vienna, 1880. case 61.

17090.20 IX Hypodermic set – period 1890-1900. American manufacture. case 62.

17090.22 IX Hypodermic set – period 1890-1900. American manufacture. case 61.

17090.24 IX Hypodermic set – period 1890-1900. American manufacture. Case 61

~~17090.24 Hypodermic set. Period 1890-1900 American manufacture — case 61.~~

17090.26 Hypodermic set. Period 1890-1900 American manufacture. case 61.

17090.27 Vaccination Set used by Dr. John Ashhurst Jr. Presented by Dr. ~~P. C. Ashley~~ Ashhurst, Astley P.C. case 103.

17090.28 Hypodermic set, used by Dr. Owen J. Wister. — case 61.

Presented by Mr. Owen Wister.

17090.29 Vaccination Outfit. case 103.

17090.30 Pocket hypodermic, resembling a pen. case 61.

17090.31 Vaccination Outfit formerly belonging to Dr. Owen J. Wister. Presented by Mr Owen Wister. case 103.

17090.32 Hypodermic syringe. case 62.

17090.33 Vaccination Outfit. case 103.

17090.34 Hypodermic syringe case 62.

17090.35 Vaccination Outfit. case 103.

17090.36 Hypodermic syringe. case 62.

17090.38 Hypodermic syringe. case 62.

17090.40 Hypodermic syringe. case 62.

17090.41 Older model Hypodermic Syringe. Presented by Dr. J. M. Da Costa. Case 80 shelf 6

17090.42 Hypodermic syringe case 62.

17090.44 The Davidson Syringe. Used in 1866. Case 80 shelf 4

17090.46 Syringe. Used in 1867. Case 80, shelf 4.

17090.48 Syringe of the To and Fro Type. Case 80 - Shelf 4 "

17090.50 Self Syringe. Belonged to Dr. Jos. Carson, Prof. Materia Medica, W. of P. Presented by Miss Susan Carson thru her nephew, Dr. John B. Carson. 80-4 "

17090.52 Pewter Syringes. Blunt curved tip used for female urethra. Blunt straight tip used for male urethra. Long pointed tip used with catheter and rubber tubing. " shelf 4. 80-6

17090.54 " " " "

17090.56 " " " "

17090.58 " " " "

17090.60 " " " "

17090.62 Hard rubber syringe. 81-6

17090.61 - Small pewter syringe. Case 80 - Sh. 6

17090.63 - Two hard rubber syringes - case 81 - Sh. 6

17090.64 Syringe with Cut-Off. For cleansing drainage tube. " 80-4

17090.66 Irrigation Syringe. 81-6 "

17090.68 Syringe with Adjustable Tubes. "

17090.70 Hard Rubber Syringe. "

17090.72 " " " "

17090.74 " " " "

17090.76 " " " "

17090.78 Syringe. For the injection of fluids into the body, or the washing of wounds and cairties. "

17090.80 " "

17090.82 " "

17090.84 " "

17090.85 - Two glass syringes -

17090.86 Antique Syringe; pewter. Made in Bordeaux France, very heavy. Presented by Dr. H. M. Fisher. case 102.

17090.88 " as above. Case 102.

17090.90 Pewter Syringe. case 102.

17090.87 Antique pewter syringe. Case 102 - Shelf 1.

In the 15th & 16th centuries thoracic and abdominal paracentesis was used. Sanctthius is credited with having invented the trocar and canula. However Hippocrates speaks of evacuating the fluid with an instrument similar to that which we call a trocar

17102.01 Cannula.
17102.03 Cannula. (Bellocq's) Case 81, shelf: 5
17102.05 Cannula (Bellocq's) "
17102.07 Dr. Gaoch's Cannula 1831. For passing a ligature around a uterine polypus. Presented by Dr. W. C. Goodell. " shelf. 4-6
17102.09 Small Trocar. case 102.
17102.11 " " "
17102.13 " " "
17102.15 " " "
17102.035 - Bellocq's Cannula.

17100.00

Aspirators are for drawing off purulent, serious and other fluids without introduction of air into the wound. Air admitted into the wound is apt to cause the putrefaction of the remaining matter, and thus set up a violent disturbance in the system.

Ancient savages treated poisonous snake or insect bites by suction, through a hollow bamboo reed or with the mouth. Mechanical pumps, of the to and fro or friction type, were first used in 1654. Aspiration in this country did not come into general use until after the civil war.

17100.00 Aspirator case 102.
17100.10 Dieulafoy's aspirator case 103.
17100.20 Potain's aspirator case 102.
17100.30 Aspirator of English Manufacture. case 103.
17100.40 Aspirator and trocars case 102.
17100.50 Aspirator constructed with a stop-cock by which the aspirating fluid drawn into the cylinder may, after turning the stop-cock be ejected through the side opening. case 103.

Trocars and canulae are used for paracentesis of the chest, abdomen and bladder, or for tapping hydrocoles.

17102.00 The scoop trocar has a canula terminating in a scoop or spout so that it may be used to conduct the flow of liquid into a basin or other receptical. case 101.
17102.02 Scoop trocar - the cap protects the point from injury case 101.
17102.04 Scoop trocar. case 101.
17102.06 Trocars and Cannulae. Purchased at a sale of the belongings of Sir Astley Cooper by John H. Packard. P. to the Museum Oct. 1935. by Francis R. Packard. sec. 32. shelf 5.
17102.10 A set of four nested trocars so constructed that they may be attached to an aspirator case 102
17102.20 Small trocar and canula case 102
17102.22 Small trocar and canula case 102
17102.24 Small trocar and canula case 102
17102.30 Ovariotomy trocar (three pieces). case 102
17102.32 Ovariotomy trocar devised by J. Ewing Mears. Presented by Dr. J. Ewing Mears. case 103.
17102.40 Trocar and canula for tapping the abdomen. The aspirator may be attached to this before introduction case 102.
17102.50 Trocar and canula - flat to facilitate interrib puncture. It is also fitted with a stop cock. case 101.

Case 80.
Shelf nov

1 17103.00 Cedman and Shurtleff's atomizer. Presented by Dr. J. M. Da Costa.

1 17103.02 "

1 17103.04 "Nasal" Pharyngeal Steam Atomizer - Case 80 - Sh. 2
17103.05

2 17103.06 Siegles Large Steam Atomizer. Presented by Dr. J. M. Da Costa.
17103.07 Siegles Small Steam Atomizer.

2 17103.08 One of the Original Models of the Steam Atomizer. Presented by Dr. J. M. Da Costa.

2 17103.10 An original model of the complete steam atomizer used and presented by Dr. J. B. Roberts. Cedman & Shurtleffs steam atomizer; constructed on the principle of the original instrument of Siegle.

3 17103.12 Atomizer.

3 17103.14 Atomizer. Presented by Dr. J. B. Roberts.

3 17103.16 The Carbolic Spray Apparatus used by Lord Lister. This was used by Lord Lister in his clinic, and was given by him to Dr. W. W. Keen, who presented it to the Mütter Museum.

17103.18 Inhaler and accessories case 101.

17103.19 The Perfect Bottle Dropper. — 1 oz. case 101.

1 17103.20 E. J. Coke's Inhaler.

17103.21 Inhaler. Three Pieces. case 101.

1 17103.22 Irrigateur of Dr. Eguisier.

17103.23-24 Nasal Irrigator Case 88 - Shelf 3

1 17103. Dr. S. D. Oliver's Hand Instrument 1866. In this instrument, the receptacle for the medicament, and the shield for the protection of the face are united in one piece, while the spray is rendered exceedingly fine by being thrown against the side of the jar.

3 17103.26 Stomach Pump. Formerly belonging to Dr. Owen J. Wister. Presented by Mr Owen Wister. Up until 1860, stomach pumps were used practically only in cases of poisoning, test meals were not known. It was employed to evacuate the stomach in all cases of poisoning, except those by mineral acids or other powerfully corrosive substances which occasion an immediate destruction of tissue.

3 17103.28 Weiss' Patent Syringe and Stomach Pump used in 1832. The intermediate portion of the tube, which connects the syringe with the esophageal tube when the pump is injecting water into the stomach, but through which the water is expelled during the reversed acting of the syringe. The esophageal tube, the part introduced into the stomach. Enema pipes adapted to the intermediate tube. The rectangular pipe fitted upon the extremity of the tube, enables a patient to throw up an injection without assistance.

17103.30 Stomach Pump. Formerly belonging to Dr. Geo. P. Oliver. case 103. Presented by Dr. C. A. Oliver.

17103.32 Stomach Pump. Syringe of English manufacture. case 103.

17103.34 Breast Pump. — case 89.

17110.00

Cauteries have been used to destroy remove or sever tissues, as a counter irritant and as a hemostatic. Perhaps the latter use, to control bleeding, was the primary use. Cauteries have been used from very old times. In India they date back to 1000 yrs B.C. Ambroise Paré (1510-1596) discarded the use of the cautery as a hemostatic and reintroduced ligation.

17120.06 } Ether may be administered from a saturated sponge constructed for the purpose. Such appliances are called inhalers.
17120.07 }

Allis's inhaler provides an instrument durable, portable & easily sterilized. The apparatus allows the free admission of ether from above, and as the evaporating surface is large, rapid vaporization and etherization follows. The quantity of ether may be replenished as fast as desired by pouring it on the outer surface of the exposed gauze edge, without removing the inhaler from the face of the patient.

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17120.08 Fowlers modification of Allis' Inhaler. Is particularly adapted for use in an emergency bag. Its principle feature is a pointed arrangement by which it may easily be folded into a flat compact form. "

17120.09 Waltons Oxygen Inhaler. Presented by Dr. J. M. Da Costa. "

17120.10 Hunt's Metallic Shield, and Caoutchouc Nat. A mechanical substitute for excoriated and retracted nipple. Manufactured in 1883. Case 84, shelf 3

Case 88.
Shelf now

1 17103.00 Cedman and Shurtleff's Atomizer. Presented by Dr. J. M. Da Costa

1 17103.02 "

1 17103.04 "Nasal" Pharyngeal Steam Atomizer - Case 90 - Sh. 2
17103.09

2 17103.06 Siegles Large Steam Atomizer. Presented by Dr. J. M. Da Costa
17103.07 Siegles Small Steam Atomizer.

2 17103.08 One of the Orignal Models of the Steam Atomizer. Presented by Dr. J. M. Da Costa.

water is expelled during the reversed acting of the syringe. The esophageal tube, the part introduced into the stomach. Enema pipes adapted to the intermediate tube. The rectangular pipe fitted upon the extremity of the tube, enables a patient to throw up an injection without assistance.

17103.30 Stomach Pump. Formerly belonging to Dr. Geo. P. Oliver. Case 103. Presented by Dr. C. A. Oliver.

17103.32 Stomach Pump. Syringe of English manufacture. case 103.

17103.34 Breast Pump. - case 89.

17110.00

Cauteries have been used to destroy remove or sever tissues, as a counter irritant and as a hemostate. Perhaps the latter use, to control bleeding, was the primary use. Cauteries have been used from very old times. In India they date back to 1000 yrs B.C. Ambroise Paré (1510-1590) discarded the use of the cautery as a hemostate and reintroduced ligation.

17110.00 Flame heated cautery iron. case 102.

17110.02 Cautery iron case 102.

17110.04 Cautery iron of the bulbous type used for controlling hemorrhage. Presented by Dr. A. V. Meigs case 102.

17110.06 Cautery iron for cautery section of the pedicle in ovariotomy. case 102.

17110.08 Cautery iron for cautery section of the pedicle in ovariotomy. case 102.

17110.10 Cautery iron for cautery section of the pedicle in ovariotomy. case 102.

17110.12
17110.13
17110.14 Set of three cautery irons case 102.

17110.16 Cautery iron which has seen much use case 102.

17110.18 Cautery iron for cauterizing a large surface case 102.

17110.20 Cautery iron for cauterizing a large surface case 102.

17110.22 Cautery clamps for holding a stump during the application of a cautery. Case 84, shelf 3.

17120.00 An early type hot water bottle. Formerly belonging to Dr. Owen J. Wister case 102. Presented by Mr. Owen Wister.

17120.02 Water coil. By attaching one of the free ends of the coil to a hose connected with a reservoir, a continuous flow of hot or cold fluid may be procured. Formerly belonging to Dr. Owen J. Wister. Presented by Mr. Owen Wister. Case 102.

17120.04 This water coil may be wrapped to fit the head. Formerly belonging to Dr. Owen J. Wister. Presented by Mr. Owen J. Wister. case 102.

17120.05
17120.05 See Page 681

17120.06 Inhalers. } see inclosed paper. Case 84, shelf 1.
17120.07 Inhaler. } Allis's.

17120.08 Fowlers modification of Allis' Inhaler. Is particularly adapted for use in an emergency bag. Its principle feature is a printed arrangement by which it may easily be folded into a flat compact form. "

17120.09 Watsons Oxygen Inhaler. Presented by Dr. J. M. Da Costa. "

17120.10 Kents Metallic Shield, and Caoutchouc Hat. A mechanical substitute for excoriated and retracted nipple. Manufactured in 1883. Case 84, shelf 3.

17110.30 Cautery. Case 81, Shelf 3.
17110.32 "
17110.34 "
17110.36 "
17110.38 "
17110.40 "
17110.42 "
17110.44 "

17110.50 Mask. Case 81, shelf 4.
17110.51 Mask. "
17110.52 Mask. "
17110.53 Mask. "
17110.55 The predecessor of the electro-cautery. Thermo cautery heated by benzine vapor fed to the cautery by pressure on the attached rubber ball. The instrument was first brought to a temp. sufficiently high to start combustion by holding the tip in the flame of an alcohol lamp. The outfit is complete, self-contained and portable. French manufacture. "

17110.60 Chloroform apparatus for Laryngectomy. Case 101.
17110.62 Gas lamp. Case 101.

17120.005 - Mac Kenzie Ink Polygraph and Accessories -
Polygraph outfit as used by Dr. James E. Talley in Dr. James Mackenzie's ward in the Hampstead Hospital for Diseases of the Chest in 1911, and with Sir Thomas Lewis in University College Hospital in 1913

This Mac Kenzie Ink Polygraph was purchased in 1911 from the maker, McShaw, watch maker of Padiham, Lancashire. (See Heart Disease, Graphic Methods, John Hay, p. 30). It was used by Dr. James E. Talley in the wards of the Hampstead Hospital for Diseases of the Chest where Dr. Mac Kenzie had 15 beds in 1911. These were the first beds he had in any hospital in London.

Articles relating to Poligraphy: (a) Diseases of the Heart, James Mac Kenzie, p. 67 (2nd edition); (b) Heart Disease; Graphic Methods, John Hay, pp. 16-37.

Presented by Dr. James E. Talley, June 10, 1938
Case 80 - Shelf 4

17130.00

The withdrawal of blood as a treatment for diseased condition is one of the earliest surgical operations. It was in widespread use until about 1850. Hippocrates is said to have written first of bleeding, but it was known before his time. Primitive man sucked out disease by mouth. The Arabs were afraid of shedding blood, and picked their pet, letting it ooze out drop by drop. The Greeks that high fever was caused by the veins being too full & bled themselves. They also that disease was caused by ill humors in the blood. The Anglo Saxons could not let bleed on the 4th day of the moon (this was an unfortunate time). because both the light of the moon and tides were on the increase. During the Renaissance (1438-1600), bleeding was done according to a chart (Zodiac man) bleeding certain places each month of the year. In the 17th

(over) p. 683A

17130.51 Spring Lancet "

17130.48 Spring Lancet "

17130.50 Spring Lancet "

17130.52 Spring Lancet "

17130.54 Spring Lancet "

17130.56 Spring Lancet "

17130.58 Spring Lancet "

17130.60 Spring Lancet "

17130.62 Spring Lancet "

17130.64 Spring Lancet and Thumb Lancet case 103.

17131.00 Scarification consists in forming numerous small superficial openings in the overlying tissues, for the purpose of permitting the escape of blood, serum, gas etc. case 102.

17131.02 The automatic scarificator is complicated and difficult to clean. It has been replaced by the scalpel and bistoury, which are more completely under the control of the surgeon. "

17131.04 Automatic Scarificator. "

17131.06 Automatic Scarificator. "

17131.08 Automatic Scarificator. "

17131.10 Automatic Scarificator. "

17131.12 Automatic Scarificator. "

17131.14 Automatic Scarificator – Used in 1872.

17131.16 Scarifying and Cupping Instrument. Presented by Dr. J. M. Da Costa. Case 103.

17131.18 Scarifying and Cupping Instrument. Case 103.

17133.00 A set of bone cups for bleeding. case 102

17133.10 Cupping set. Owned by Dr. Alan J. Smith Presented by Dr. Balduin Lucke 3/21/27. case 103

17133.12 Cupping set with pumps. case 102.

17133.50 Thomas Artificial Leech – used for wet or dry cupping. case 102.

17131.01 Battle's Scarificator. Though designed expressly for scarifying the cervix, it may be used as a general scarificator. A small cap, adjusted so as to enclose the needle and fit tightly to the handle, protects it from damage when not in use. case 102.

17131.03 Two caustic sticks. In 1856, cancer was treated by caustics. case 102.

Century there was extensive blood letting, bleeding as high as 64 times in two days. Leaches were used to suck out the blood, 30-50 being applied at once. In 1833 there was a scarcity of leaches in France. About £41,500,000 leaches were imported and only 9,000,000 to 10,000,000 exported.

Cupping was employed in a wet and dry form. In the wet form, blood was abstracted after scarification. In dry cupping, the blood was merely drawn to the surface.

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17131.01 ✓ Battle's Scarificator. Though designed expressly for scarifying the cervix, it may be used as a general scarificator. A small cup, adjusted so as to enclose the needle and fit tightly to the handle, protects it from damage when not in use. case 102.

17131.03 Two caustic sticks. In 1856, cancer was treated by caustics. case 102.

17130.01

17130.51 1/ Spring Lancet. Case 103

17130.48 1/ Courtelaup's Leech. case 103.

17130.50 1/ Spring Lancet. Formerly belonging to Dr. John L. Atlee. Presented by Dr. W. F. Atlee. case 103.

17130.52 ✓ Spring Lancet. case 103.
17130.54 ✓ Spring Lancet. "
17130.56 ✓ Spring Lancet. "
17130.58 ✓ Spring Lancet. "
17130.60 ✓ Spring Lancet. "
17130.62 ✓ Spring Lancet. "
17130.64 ✓ Spring Lancet and Thumb Lancet. case 103.

17131.00 ✓ Scarification consists in forming numerous small superficial openings in the overlying tissues, for the purpose of permitting the escape of blood, serum, gas etc. case 102.

17131.02 ✓ The automatic scarificator is complicated and difficult to clean. It has been replaced by the scalpel and bistoury, which are more completely under the control of the surgeon. "

17131.04 ✓ Automatic Scarificator. "
17131.06 ✓ Automatic Scarificator. "
17131.08 ✓ Automatic Scarificator. "
17131.10 ✓ Automatic Scarificator. "
17131.12 ✓ Automatic Scarificator. "
17131.14 ✓ Automatic Scarificator — Used in 1872. "
17131.16 ✓ Scarifying and Cupping Instrument. Presented by Dr. J. M. Da Costa. Case 103.
17131.18 ✓ Scarifying and Cupping Instrument. Case 103.

17133.00 ✓ A set of bone cups for bleeding. case 102
17133.10 ✓ Cupping set. Owned by Dr. Alan J. Smith. Presented by Dr. Balduin Lucke 3/21/27. case 103
17133.12 ✓ Cupping set with pump. case 102.
17133.50 Thomas Artificial Leech — used for wet or dry cupping. case 102.

17390.03 Fergussons Bi-Valve Vaginal Speculum.
Presented by Dr. J. M. Da Costa. case 102.
17390.05 " " " .
17390.07 " " " .
17390.09 Pewter Tubular Speculum. "
17390." " " " " "
17390.13 " " " "
17390.15 Metal Tubular Speculum. "
17390.17 " " " "
17390.19 " " " "
17390.21 Glass Tubular Speculum. See #17390.00 "
17390.23 " " " "
17390.25 Hard Rubber Tubular Speculum. "
17390.27 " " " ". (Three parts). "
17390. " " " ". (Broken). ".

17390.50 Glass Tubular Speculum. case 102.
17390.51 Speculum with two parts (wood). case 102.
17390.52 Speculum " " " " . case 102.
17390.53 Glass Tubular Speculum. Formerly belonged to Dr. Wm. H. Webb. Presented by Dr. Chas. Baum. case 101.
9/25/30. case 101.
17390.54 "

17390.00 Ferguson's Vaginal Speculum case 89.
Manufactured of glass, the outer wall of which is first covered with a layer of tin foil, over which a coat of black varnish is smoothly spread, thus furnishing a mirror surface on the inner portion of the wall.
17390.01 Ferguson's Vaginal Speculum case 89.
17390.02 Set of 5 Ferguson Specula case 89.
17390.04 Speculum case 89.
17390.06 Metal speculum case 89.
17390.08 Metal speculum case 89.
17390.10 Metal speculum case 89.
17390.12 Bone speculum with handle case 89.
17390.14 Tubular speculum case 89.
17390.16 Tubular speculum case 89.
17390.18 Type of uterine speculum used by Dr. W. W. Keen in 1860-1870 Presented by Dr W. W. Keen case 89.

17390.20 4 sizes of Kelly's specula. case 89.
Owing to their small diameter they may be used successfully in the virgin in cases where the larger patterns could not be introduced.
17390.22 Vaginal specula. case 83 shelf 1.
17390.24 Clarks Illuminating Speculum. case 84. shelf. 4.
17390.26 Sugls Speculum. " "
17390.28 Speculum
17390.29 "
17390.30 "
17390.31 " } (tubular) " "
17390.32 Sims Speculum. case 102. Univalve
17390.33 " " case 102.
17390.34 Sims Duck Billed Speculum. case 102.
17390.35 " " " " "
17390.36 " " " " "
17390.37 " " " " ".

17391.00 Wooden Speculum case 89.

17391.02 Wooden Speculum case 89.

17391.04 Uni-valve speculum case 89.

17391.06 Uni-valve speculum case 89.

17391.08 Sims Speculum case 89.

17391.10 Sims Speculum case 89.

17391.12 Sims Speculum case 89.

Many surgeons had handled kitchen spoons, but it required the "prepared mind" of Marion Sims in 1849 to transform such a spoon into a wonderful surgical aid by simple bending the handle.

The invention of this one instrument, made possible much of the great advance in gynecology during the latter half of the 19th century. So universal is its use that scarcely an major gynecological operation is now attempted without employing either a Sims speculum or some modification of it.

17391.14 Speculum Forceps case 89.

17391.16 Speculum case 89. Uni-valve

17391.18 Speculum with guide for probe case 89.

17392.00 Speculum. Presented by Dr. A. V. Meigs case 89.

17392.02 Vaginal speculum. Presented by Dr. J. M. DaCosta case 89.

17392.04 Speculum with drain. case 89.

17392.06 Bi-valve Speculum. case 89.

17392.07 - Speculum - Bi-Valve - Sec. 89 - Shelf 2 Presented by Dr. A. Van Harlingen.

17392.08 Speculum. case 89.

17392.10 Neugebauer's Speculum. case 89.

17392.12 Neugebauer's Speculum case 89. Presented by Dr. F. S. K. Upton

17392.14 Bi-valve speculum case 89.

17392.16 Bi-valve speculum case 89.

17392.18 Cusco's Improved Speculum used in 1877. case 89.

17392.20 Cusco's Improved Speculum used in 1877. case 89.

17392.22 Cusco's Improved Speculum used in 1877. case 89.

17392.23 - Speculum - Case 89 - Shelf 4 - Bi-valve

17392.24 Tri-valve speculum. case 89.

17392.26 Tri-valve speculum case 89.

17392.28 Nott's Tri-valve speculum case 89.

17392.30 Speculum. case 89.

17392.31 - Speculum - Tri-valve - Case 89 - Shelf 2

17392.32 Speculum. May be used as a quatre-valve or bi-valve type case 89.

17392.34 Speculum. May be used as a quatre-valve or bi-valve type. case 89.

17393.00 Fenestrated Anal Speculum with stylet case 89.

17393.02 Bi-valve Anal Speculum. case 89.

17393.04 Speculum forceps for applying caustic, sponge etc. to the uterus. Straight. case 102.

17393.06 Speculum forceps for applying caustic, sponge etc. to the uterus. Curved. case 102.

17394.00 Speculum Oris 1550-1560 Paré Bk. 9. Chap. XI. Page 259. English Edition London 1649. case 89.

17394.02 Oris speculum of Charriere used in 1877. case 89.

17395.00 Ear speculum with long handle. case 89.

17395.02 Set of three ear specula case 89.

17395.04 Ear Speculum case 89.

17395.06 Wylde's ear speculum used in 1871 case 89.

17395.08 Ear Speculum case 89.

17395.09 " " in bone case - case 81 - shelf

17395.10 Self Illuminating Otoscope. 1872. (Bruntons) Case 103

17395.12 Otoscope. This instrument was in use in 1868. case 103.

17395.14 Siegleotoscope. case 102.

17395.16 Used to detect submarines during the world war. case 101.

17396.00 Nasal Speculum case 89.

17400.00 [689] Sea-Tangle tents - for dilating the os and cervix uteri. Introduced by Sir James Simpson M.D. British Manufacture. case 89.

17401.00 Missing Hydraulic Dilators - American Manufacture 1850

17401.02 Molesworth's Climax Dilator for dilating the Os and Cervix. case 89.

17401.04 Molesworth's Climax Hydraulic Dilator case 89.

17402.00 Combined Dilator and Uterine Syringe. American Manufacture. 1850. Dr. Molesworth's improved. case 89.

17402.02 Holt's Dilator. case 89. Presented by Mrs. Harrison Allen.

17403.00 Set of five conical dilators case 89.

17404.00 Uterine dilator, time of Ambroise Pare. Made in 1550. Presented by Dr. Joseph Pancoast case 89.

17405.00 A rectal dilator, 1860. Described by Dr. Keen as heathenish. case 89. Presented by Dr. W. W. Keen.

17406.00 Uterine Dilator. case 89. Presented by Dr. Ellwood Wilson Dec. 4, 1873

17406.02 Two uterine dilators. Presented by Dr. W. C. Goodell. case 89.

17406.04 Uterine Dilator. case 89.

17406.06 Uterine Dilator case 89.

17406.08 Uterine Dilator case 89.

17406.10 Uterine Dilator. case 89.

17408.00 Spreading Tenaculum. Formerly belonging to Dr. William Goodell. case 89. Presented by Dr. W. C. Goodell.

17408.02 Spreading Tenaculum case 89.

17409.00 Sim's Uterine Repositor - replacement by leverage case 89. Presented by Dr. W. C. Goodell

17409.02 Sim's Uterine Repositor. Formerly belonging to Dr. Edward Jenner Coxe. case 89. Presented by his daughter Mary Clapier Coxe

17409.04 Sim's Uterine Repositor. case 89.

17409.06 Retractors. Used for enlarging a wound opening by spreading apart the lips or walls. Case 81, Shelf 4.

17409.08 " "

17409.10 " "

17409.12 " "

17409.14 " "

17409.16 " "

17409.18 Retractor. " 81. Shelf 5

17409.20 Retractor. Presented by Dr. W. G. Goodell. Case 81. shelf 3.

17409.22 The Cheek Retractor used in the Operations on Pres. Grover Cleveland in 1893. See the book of that title, and also the Sat. Evening Post of Sept. 22, 1917. Presented by Dr. W. W. Keen. case 4a

17460.00 Chassaignac's Ecraseur used in 1860. case 101.

17460.02 " " used by Dr. W. W. Keen. Presented by Dr. W. W. Keen. case 101.

17460.10 Smith's straight wire ecraseur. Similar to the chassaignac ecraseur, but with wire instead of a chain. Used by Dr. W. W. Keen. Presented by Dr. W. W. Keen. case 101.

17460.20 Fuer's Ecraseur. case 101.

17460.30 Ecraseur. case 101.

17460.35 Ecraseur. case 101.

17460.40 Ecraseur for removal of nasal polypus about 1870. Presented by Dr. Mears. case 101.

17460.42 Nasal polypus ecraseur. case 101.

17490.00 Ecraseur.
17490.02 Ecraseur
17490.04 Ecraseur.
} Koeberle's Serre noend, an instrument for ligating. case 101.

17160.00

Tourniquets for controlling the circulation by compressing the artery which supplies the part. All types of materials and instruments were used to control hemorrhage. Cauteries were used, and even red roses were used to stop bleeding. At the siege of Morel in 1874, Besanzen used the first tourniquet.

17157.00 Petit's Tourniquet. Petit invented the screw tourniquet in 1718. case 101.

17157.02 Petit's Tourniquet. case 101.

17157.04 Petit's Tourniquet. case 101.

17157.10 Signoroni's Tourniquet used in 1871 was firm and strong, but as the pressure became greater, the direction of the pad became more oblique, and the artery slipped from pressure. Presented by Dr. George. I. McKelway. case 101.

17157.20 A French type of tourniquet. case 101.

17179.29 Nasal Trephine, and Explanatory Pamphlet. case 102.

17179.30 Trephine and bone exfoliator used about the time of Ambroise Paré (1550-1560) see English edition of 1649 of Paré Book 10, Chaps XVI to XX pp. 283 to 284. Presented by Dr. Jos. Pancoast. case 101.

17179.35 Trephined like lentil-like cutting bone scraper from the time of Ambroise Paré (1550-1560). Rad rest missing See A. Paré Eng. Edition 1649. Bk. 10, Chap XVII. p. 284. Presented by Dr. Joseph Pancoast. case 101.

17179.40 Bone exfoliator from the time of Ambroise Paré (1550-1560). Notice the ornate design. It took two people. One to hold, and the other to turn it. case 101.

17179.42 Extraction Instrument. Case 83, shelf 3.

17179.44 " (3 instruments to Dental). see paper. 80-" 4

17179.46 Atlee Clamps. (six. seven). "

17179.48 Pedicle Clamp. Simpsons. Clamps curved or sliding jaw (closed by screw power.) "

17179.50 A new Clamp for Ovariotomy. Formerly belonging to Dr. Wm. Goodell. Presented by Dr. W. C. Goodell. shelf 4.

17179.52 Spencer Wells Pedicle Clamps. shelf 4.

17179.54 Clamp to hold pedicle after ovariotomy. Used by Dr. W. L. Atlee and Dr. W. W. Keen. Presented by the latter. shelf 5.

17179.58 Tractor for Tumors. Case 81, shelf 5.

17179.60 Bone Exfoliator. Time of Ambroise Paré (about 1550-60). Dr. Jos. Pancoast Collection. "

17179.62 Scissors. (see enclosed paper. "

17179.64 " see also 17829.50 "

17179.66 " "

~~17179.68 Hortin's "T" shaped~~

17179.80 Pedicle Compressor. case 84, shelf 6.

17179.82 Clamps for the Cautery Section of the pedicle in ovariotomy. Used in 1817. See System of Surgery, edited by Holmes. " "
Vol. 5, p. 60.

17179.84 Dental Instruments used by ship surgeons about 1818 during their long voyages. Presented by Dr. S. Weir & Mitchell. Three instruments. — case 62.

17179.85 Trephining Set. Case 101 — Sh-1

17179.86 Section knife - made by J. H. Gemrig, 109 So. 8th St. Phila. Case 80 - Sh. 3

17174.50 Bone screw for uniting fractures. Presented by Dr. Joseph Pancoast. case 101.

The saw is very antique. Flint saws were found in the Egyptian ruins of Kahun, 5,000 yrs. old. Pliny attributes its invention to Dedalus or to his nephew Perdix, who was also called Talos. He was supposed to have imitated it from the jaw of a serpent, with which he had been cutting a piece of wood.

17176.04 " " "

17176.10

17176.20

17176.30

Ecraseurs are used for amputation by strangulating or bruising soft tissue, tumors etc. The chain or wire passes around the base of the structure, gradually constricting it, and slowly tearing thru the compressed tissues.

Generally abandoned because of the time required for adjustment and operation, and the danger of including the uterine wall or other tissues.

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17176.40 The
where the common amputation saw cannot be used, as the metacarpal and metatarsal bones. case 101.

17176.50 Satterlee's Bone Saw. case 101.

17176.52 Butcher's Saw may be turned at any angle, so that the saw may be used in a semi-circle. Presented by Dr. Pancoast case 101.

17176.54 Amputation Saw. Presented by Dr. Pancoast. case 101.

17176.60 Martin's Saw. Used about 1870 case 101.

17176.61 - Very old Saw. Appears to be home-made Case 101

17176.70 Saw. Presented by Dr. Pancoast. case 101.

17176.71 Rachitome - A cutting instrument used in opening the spinal cord. case 101.

[17178.60] Sequestrum forceps used to hold or remove the detached portion of bone.

17178.00 Liston's bone nippers, for removing portions of bone upon which a saw cannot act with effect. case 101.

17178.02 Liston's straight bone cutting forceps. case 101.

17178.04 Luer's bone nipping forceps. case 101.

17178.10 Bone cutting forceps for severing the smaller bones, and trimming fragments. case 101.

17178.12 Liston's bone forceps, angular or knee bent. case 101.

17178.14 Velpeau's bone cutting forceps. case 101.

17178.16 Bone cutting forceps. case 101.

17178.20 Luer's straight bone gouging forceps. case 101.

17178.40 Ferguson's lion jawed forceps. case 101.

[ ]

17179.25 Trephine with center pin. The center pin hinders the trephine from slipping until the saw has made a groove. It can then be retracted by sliding the milled headed screw, higher on the stem of the instrument. case 101.

17179.26 Trephine. case 101.

17179.27 Trephine. case 101.

17179.29 Nasal Trephine, and Explanatory Pamphlet. case 102.
17179.30 Trephine and bone exfoliator used about the time of Ambroise Paré (1550-1560) see English edition of 1649 A Pare Book 10, Chap XVI to XX pp. 283 to 284. Presented by Dr. Jos. Pancoast. case 101.
17179.35 Trephined ~~like~~ lentil-like cutting bone scraper from the time of Ambroise Pare (1550-1560). Had rest missing See A. Pare Eng. Edition 1649. Bk. 10, Chap XVII
Presented by ...

... (~~...~~ seven). "
17179.48 Pedicle Clamp. Simpsons. Clamp ~~...~~ or "
... belonging to
... Goodell. shelf 4.
... 4.
... sed by Dr.
... the latter. shelf 5.
case 81, shelf 5.
17179.60 Bone Exfoliator. Time of Ambroise Paré (about 1550-60). Dr. Jos. Pancoast Collection. "
17179.62 Scissors. (see enclosed paper.
17179.64 " see also 17829.30 "
17179.66 " "
~~17179.68 Thorton's "T" shaped~~

17179.80 Pedicle Compressor. case 81, shelf 6.
17179.82 Clamp for the Cautery Section of the pedicle in ovariotomy. Used in 1817. See System of Surgery, edited by Holmes. Vol. 5, p. 60. " "
17179.84 Dental Instruments used by ship surgeons about 1818 during their long voyages. Presented by Dr. S. Weir Mitchell. Three instruments. — case 62.
17179.85 - Trephining Set. Case 101 - Sh-1
17179.86 - Section Knife - Made by J. H. Gemrig, 109 So. 8th St. Phila. Case 80 - Sh. 3

17170.00

17174.50 Bone screw for uniting fractures. Presented by Dr. Joseph Pancoast. case 101.

17176.00 Adams subcutaneous saw. Intended only for delicate operations. case 101.
17176.02 Langenbeck's narrow saw. case 101.
17176.04 " " ". case 101.

17176.10 Hay's saw. Very serviceable in many small operations upon the bone. case 101.
17176.20 Dental Saw. case 101.
17176.30 The chain saw. Invented about 1832 by Prof. Jeffray of Glasgow to facilitate the excision of carious joints. A needle is passed around the bone between it and the soft parts, and the serrated chain is drawn after it. The needle is then removed, and a second handle attached. The saw is worked by these two handles. It is difficult to keep the blade in its proper direction, ⊥ to the bone. case 101.
17176.40 The Metacarpal Saw is for cutting thru small bones in situations where the common amputation saw cannot be used, as the metacarpal and metatarsal bones. case 101.
17176.50 Saterlee's Bone Saw. case 101.
17176.52 Butcher's Saw may be turned at any angle, so that the saw may be used in a semi-circle. Presented by Dr. Pancoast. case 101.
17176.54 Amputation Saw. Presented by Dr. Pancoast. case 101.
17176.60 Martin's Saw. Used about 1872. case 101.
17176.61 - Very old saw. Appears to be home-made. Case 101
17176.70 Saw. Presented by Dr. Pancoast. case 101.
17176.71 Rachitome - A cutting instrument used in opening the spinal cord. case 101.
[17178.60] Sequestrum forceps used to hold or remove the detached portion of bone.
17178.00 Lister's bone nippers, for removing portions of bone upon which a saw cannot act with effect. case 101.
17178.02 Lister's straight bone cutting forceps. case 101.
17178.04 Luer's bone nipping forceps. case 101.
17178.10 Bone cutting forceps for severing the smaller bones, and trimming fragments. case 101.
17178.12 Lister's bone forceps, angular or knee bent. case 101.
17178.14 Velpeans bone cutting forceps. case 101.
17178.16 Bone cutting forceps. case 101.
17178.20 Luer's straight bone gouging forceps. case 101.
17178.40 Ferguson's lion jawed forceps. case 101.
[ ]
17179.25 Trephine with center pin. The center pin hinders the trephine from slipping until the saw has made a groove. It can then be retracted by sliding the milled headed screw, higher on the stem of the instrument. case 101.
17179.26 Trephine. case 101.
17179.27 Trephine. case 101.

17520.00 case 89. Gehrung's pessary (three).
When in place, the two uniting bows rest on the posterior vaginal wall, while the two horseshoes embrace the cervix anteriorly

17520.02 case 89. Thomas' Double Bow.
The wider or horseshoe portion rests against the anterior surface of the uterus, with the lower bow projecting forward against the anterior vaginal wall.

17520.04 case 89. Thomas' Single Bow (two).
When in use, both bows are raised until they rest against the vaginal wall, one in front of the other behind the cervix.

17520.06 case 89. Albert Smith's pessary

17520.08 case 89. Gehrung's-Smith's pessary (two).

17520.10 case 89. Thomas' (two).
This pattern was more largely employed for retroflexion than any other.

17520.12 case 89. Fowler's.
The small opening in the sharp angle of the instrument admits the finger tip. By means of which the pessary is manipulated

17520.14 case 89. Emmet's Pessary (three).

17520.16 case 89. Zwanks Pessary

Presented by Dr. H. L. Hodge.

17520.18 case 89. Plain hard rubber, stem pessary (four).

17520.20 case 89. Kinlock's Anteversion Pessary

Presented by Dr H. L. Hodge

17520.22 case 89. Old silver ball pessary worn for many years by a woman, only removed when its corrosion and sharp edges induced inflammation

Presented by Dr Thomas G. K. Morton

17520.24 case 89. Hodge's original (three - on different shelves).

17520.26 case 89. Hoffmann's Pessary (two).

Presented by Dr H. L Hodge.

17520.28 case 89. White's repositor employed to assist in replacement. Cup fits cervix. The shaft usually constructed with a chestpiece to rest against the body of the operator by which proper force is applied. Pressure is exerted directly against the cervix of the inverted organ.

17520.30 case 89. Remains of a rubber ring pessary removed from the vagina of a patient supposed to have cancer of the uterus. It had been in for eight (?) years and the patient had forgotten its existence. Presented by Dr. C. W. Dulles Oct 23, 1891.

17520.32 case 89. Hodges' Bow Pessary (three)

17520.34 case 89. Hodges' open lever pessary

17520.36 case 89. Zwank's Pessary

Presented by Dr. H. L. Hodge

17520.38 case 89. Conant's intra-uterine stem pessary, closed for introduction (vulcanite)

17520.40 — 2 V-shaped vulcanite Pessaries case 89.

17520.42 — a metal pessary case 89.

17520.44 — a vulcanite pessary case 89.

17520.46 — Triangular-shaped vulcanite pessary case 89.

17520.48 — Oval Pessary case 89. vulcanite.

17520.50 — Vulcanite pessary case 89.

17520.52 — Vulcanite pessary case 89.

17520.54 — Vulcanite pessary case 89.

17520.56 — Vulcanite pessary case 89.

17520.58 — Oval vulcanite pessary case 89.

17520.60 — Vulcanite pessary case 89.

17520.62 — Vulcanite stem pessary case 89.

17520.64 — Worden pessary case 89.

17520.66 — Vulcanite pessary case 89.

17520.68 — Vulcanite pessary case 89.

17520.70 — Vulcanite pessary case 89.

17520.72 — Ball and stem vulcanite pessary case 89.

17520.74 — Ball and stem vulcanite pessary case 89.

17520.76 — 2 vulcanite pessaries case 89. " case 89.

17520.78 — Vulcanite pessary case 89.

17520.80 — 6 vulcanite ring pessaries case 89.

17520.82 — Oval vulcanite pessary case 89.

17520.84 — 6 pessaries case 89. vulcanite ring.

17520.86 — 2 vulcanite pessaries case 89.

17520.88 — Vulcanite pessary case 89.

17520.90 — Vulcanite pessary case 89.

17520.92 — 4 metal pessaries with stems case 89.

17520.94 — Oval vulcanite pessary case 89.

17520.96 — Oval vulcanite pessary case 89.

17520.98 — Oval vulcanite pessary case 89.

17521.00 — Oval vulcanite pessary case 89.

17521.02 — Oval vulcanite pessary case 89.

17521.04 — Vulcanite Pessary case 89.

17521.06 — Three oval vulcanite pessaries case 89.

17521.08 — Two metal pessaries case 89.

17521.10 — Metal pessary case 89.

17521.12 — Four metal pessaries case 89.

17521.14 — V-shaped metal pessary case 89.

17521.16 — V-shaped metal pessary case 89.

17521.18 — Metal Pessary case 89.

17521.20 — Metal Pessary case 89.

17521.22 — Metal Pessary case 89.

17521.24 — Metal Pessary case 89.

17521.26 — Three Pessaries case 89. — oval vulcanite.

17521.28 — Three rubber O shaped pessaries case 89.

17521.30 — Two soft metal pessaries that may be bent any shape. case 89.

17521.32 — V-shaped metal pessary case 89.

17521.34 case 89. V-shaped metal pessary

17521.36 case 89. V-shaped metal pessary

17521.38 case 89. V-shaped metal pessary

17521.40 case 89. V-shaped metal pessary

17521.42 case 89. Two metal pessaries

17521.44 — metal pessary case 89.

17521.46 — metal pessary case 89.

17521.48 case 89. Three metal pessaries

17521.50 — Two vulcanite pessaries case 89.

17521.52 — Six tan glass pessaries case 89.

17521.54 — Ten glass pessaries case 89.

17521.56 — Glass pessary

Presented by Dr. J. M. Da Costa case 89.

17521.58 Glass Pessary removed Jan. 17 1875, was inserted by Dr Washington Liddle case 89.

17521.60 — Thirteen glass ball pessaries case 89.

17521.62 — Three metal ball pessaries case 89.

17521.64 — Metal pessary - case 89.

17521.66 — Metal pessary - case 89.

17521.68 (2) Pessary TWO

17521.70 case 89. Intra-uterine glass stem pessary of Dr. Alfred Meadow.

Presented by Dr. Ingham.

17521.72 case 89. Stem pessary. Ingham's flexible galvanic (metal).

17521.74 case 89. Stem pessary (metal).

Presented by Dr. H. K. Ingham.

17521.76 case 89. Van De Warker's intra-uterine vulcanite stem pessary; self-retaining

Presented by Dr Van De Warker, Syracuse.

17521.78 — Stem pessary case 89. (metal).

17521.80 — Stem pessary case 89. (vulcanite).

17521.82 — Stem pessary case 89. (metal).

17521.84 — Stem pessary case 89. (metal).

17521.86 — Stem pessary case 89. (metal).

17521.88 — Stem pessary case 89. (metal).

17521.90 — Metal prolapsus pessary

17521.92 — Metal prolapsus pessary

17521.94 — Metal prolapsus pessary

17521.96 — Metal prolapsus pessary

17521.98 — Metal prolapsus pessary

17522.00 — Metal prolapsus pessary

17522.02 — Metal prolapsus pessary

17522.04 — Metal prolapsus pessary.

Renumbered 17522.06

17522.06 case 89. Seven metal Prolapsus Pessaries.

17522.08 — ball & stem self retaining pessary (metal) - case 89.

17522.10 — ball & stem self retaining pessary (metal) - case 89.

17522.12 — two hard rubber ring pessaries. - case 89.

17522.14 — hard rubber disc pessary with hole in center. - case 89.

17522.20 — Pewter contraceptive. Used about 1750. Presented by Mr. Herbert Fox. — case 62.

17560.01 Set of graduated (in size). rectal bougies. Hard rubber. Belonged to Dr. J. Solis-Cohen. case 102.

17560.03 A form which children used to cut teeth. case 102.

17560.05 Plaster Cast of the brain of the celebrated blind girl Laura Bridgeman. Property of Dr. Lloyd. Presented by Susan W. Lloyd. April 12, 1932. case 102.

17560.07 Old morter and pestle. Owned and used by Dr Lloyd's grandfather, Dr Hendrie of Doylestown. Presented by Susan W. Lloyd. April 12, 1932. case 102

17560.13 Case of Surgical Instruments. Burned in the wood: "Wm. Scott Hendrie M.D. April 1824." He was from Doylestown, and was the grandfather of Dr. Lloyd. Presented by Susan W. Lloyd. April 12, 1932. case 101.

~~17560.25 Metal plate bearing name of Dr. Ashhurst. — case 77.~~

This invention shows that the uses of royalty for surgery are various. Many a lay sinner must thank a king for this bougie. Henry III. of France had a stricture of which he was anxious to be rid. Spurred with the ambition of expanding royal passages, a physician conceived the idea of using a plaster bougie, and with the instrument, healed his patient. Presented by Dr. W. C. Goodell.

17560.00 Galvanic rectal bougie, used to produce abortion. An Abortionist was arrested in 1848 was taken before an Alderman and bound over. This instrument was presented by the Prosecution as the one employed by the criminal. The instrument was subsiquently presented to Dr. Evans who once employed it in Post-Partum hemorrhage, the patient perceiving the shock, but the uterus did not respond. case 89. Presented by Dr. Horace Evans.

17560.02 Adjusteur de Jarvis. Pour le reduction des luxations. About 1867. Case 83 Shelf. 3.

17560.04 For putting in shotted sutures, this instrument held wires while twisting them. "

17560.06 Koeberle's Hysterectomy Pins. Pins used to pass thru the pedicle after ovariotomy, and thus hold it in the wound, but outside the belly cavity. Presented by Dr. W. W. Keen. Eleven pins in all. Shelf. 4.

17560.08 Set of general surgical instruments. Presented by Dr. J. Cheston Morris. including: Shelf. 4.

17560.08 A.	17560.08 L
17560.08 B.	17560.08 M.
17560.08 C.	17560.08 N.
17560.08 D.	17560.08 O.
17560.08 E.	17560.08 P.
17560.08 F.	17560.08 Q.
17560.08 G.	17560.08 R.
17560.08 H.	17560.08 S.
17560.08 I.	17560.08 T.
17560.08 J.	17560.08 U
17560.08 K	17560.08 V

17560.09 Holmes Stereoscope.

17560.10 Bosworth's Head Band. "

17560.11 Worralls Head mirror and Head Band (Folding metal). "

17560.095 Ophthalmometer - (1889) First finished usable instrument of its type. Marks a division in history of ophthalmology.

17560.15 Plaster bougie for Strictures. Case 84, shelf. 1.

17560.16 "

17560.17 "

17560.18 "

17560.19 "

17560.20 "

17560.21 "

17560.22 "

17560.23 "

17560.24 "

17560.26 Rectal Bougie. (Three parts). Case 84, shelf 2.

17560.28 Dr Dodds Improved Catheter Bougie. Case 103.

17560.30 Eye Instruments of Dr. Thomas H. Fenton. (See card) Pres. by Dr. Burton Chance

Collection of Reproductions of Surgical Instruments found at Pompeii.
Presented by Dr. Joseph Leidy.

17500. Catheter. case 77.
17501. Trochar and Cannula. "
17502. Lancet for animals. "
17503. Obstetrical Perforator. "
17504. Forceps. "
17505. Elevator. "
17506. Pincettes. "
17507. Speculum Uteri. "
17507.[10] Speculum magnum matricis. Dug from the ruins of Pompeii in 1818. This instrument is complicated, but perhaps one of the safest and most perfect tri-valve speculum invented. "
17508. Speculum Ani. "
17509. Sound. "
~~17509.~~
17510. Lancet for Phlebotomy. "
17511. Tenaculum. "
17512. Combination Sound & Curette. "
17513. Sonde á levier. "

17500.[14] An exact reproduction of a catheter excavated in the ruins of Pompeii. Reproduction by Angelo of Naples. The original is in the National Museum at Naples. Presented by Dr. Judson Daland. case 77.

~~17500.~~
17515. An Etruscan necklace, Phallic in nature and appearance. Its age is very great, 3 or 400 years B.C. Presented by Dr. Thomas Biddle. case 77.

17516. An exact reproduction of a cup which was used in copying in the time of Pompeii, and which was discovered in the ruins during one of the excavations. The original is in the National Museum at Naples. This one was made by Angelo, celebrated for the excellency of his work in reproducing objects of this kind for museums. Presented by Dr. Judson Daland. case 77.

17210-00

Ophthalmoscope

By means of Professor Helmholtz, of Heidelberg, admirable invention in 1851, the optic nerve, retina and choroid can be minutely examined.

It is said that the observation of the reddening of the pupil in a drowning cat first suggested the invention to Mercy in 1704. Liebreich in 1855 first employed oblique illumination, however it had been recommended by Himly in 1805.

Boerhaave was probably the first to employ the magnifying lens in the examination of the eye.

17647.00 – Early type opthalmoscope. Originally owned by Dr. William Thomson. case 38.

17647.02 – Earliest type Opthalmoscope. Each lens is introduced separately. Instead of an actual opening in the mirror, the silvering is omitted in the central circular area. case 38.

17647.04 – Formerly belonging to D. Edward Jenner Coxe. case 38

Presented by his daughter, Miss Mary Clapier Coxe.

17647.05 – Ophthalmoscope – Dr Knapp – case 38

17647.06 Opthalmoscope De Liebreich. Made in Paris by A. Luer. case 38.

17647.08 Opthalmoscope du Dr. Galezowski. made by Tolert & Collin in Paris. case 38.

Loring Opthalmoscope. Used in 1872.

17647.10 Ophthalmoscope of Liebreich case 38.

17647.12 7-lens opthalmoscope. case 38.

17647.125 A Loring Ophthalmoscope in Silver Case. Used by Wm. F. Norris, M.D. (1839-1901) Phila. after 1889. Pres. by G. W. Norris M.D. Jan. 1926

17647.14 — Ophthalmoscope. Formerly belonging to Dr. Edward Jenner Coxe. case 38.
Presented by his daughter, Miss Mary Clapier Coxe.

17647.16 — Ophthalmoscope. Made in New York by Hunter. Formerly belonging to Dr. Chas. Baum. case 38.

17647.18 — Loring's 15-lens ophthalmoscope. case 38.

17647.19 — Lorings Pocket Ophthalmoscope. — case 39.

17647.20 — Ophthalmoscope, purchased by Dr. Frank D. Castle in 1870, from E. Kraft and Sohn, of Vienna. Presented to Mr. H. E. Bonschur in 1906 by Dr. Castle, and later presented to Dr. De Schweinitz by Mr. Bonschur.
Presented by Dr. George E. De Schweinitz case 38

17647.22 Bays Compound microscope. Case 80, Shelf 1.

17647.24 microscope and parts. "

17647.26 microscope and parts. (?). Belonged to Asst. Surg. H. Allen. U.S.A. "

17647.28 microscope. "

17647.30 microscope. "

17647.32 microscope (Binocular), together with two extra lenses. "

17647.34 magnifying Glass. "

17647.36 Optical Instrument "

17647.38 Optical Instrument. "

17647.40 microscope from the estate of C. M. Montgomery. M.D. Six accompanying attachments. case 101.

~~17647.42 Small Miscell. Collection of microscopic apparatus.~~

17647.325 — A very old James W. Queen & Co. Microscope

17648.50 (continued) — Webers Loop. Used to assist in the delivery of a lens during the operation for the extraction of cataract. — case 39.
Landolt's Keratome. Used for all linear corneal incisions where a limited opening is required. — case 39.
Straight Lachrymal or Canaliculus knife — case 39.
Straight Iris Scissors. — case 39.
Stevens Strabismus Scissors. (curved). — case 39.

Ophthalmic Cases

(see bottom of other page.) and hold the lids away from the globe. — case 40.

17648.50 — One knife needle separated from the set. Saunders for depressing cataract — case 40.
Lid elevator separated from the set. Practically a form of curved retractor. May be employed in place of eye speculum. Double curve. — case 40.
Lid elevator separated from the set. They are used to elevate

17648.52 — Formerly belonging to Dr. William H. Pancoast case 40.
Spring Lock separated from the set. — case 40.
Ivory measure for Obliquity of Strabismus — case 39.
Double fixation hook. For holding & steadying the eyeball. — case 39.
Cataract Tenaculum. For seizing the capsule and extricating the lens in cases where it is retained more firmly than usual. — case 39.
Curved Iris forceps. A slender form of tissue forceps. — case 39.

17648.54 — Formerly belonging to Dr. Joseph Pancoast case 41. (over)
One knife needle separated from the set. — Scarpa's — case 40.
" " " " " " — Heys — case 40.
Opthalmostat " " " " — case 40.
Two Scalpels. — case 40.
Strabismus hook — case 39.
Two straight Iris forceps. A slender form of tissue forceps. — case 39. (over)

17648.56 — Set of instruments case 41.
One knife needle separated from the set. Iris knife with stop. — case 40.
Two cannulas for Lachrymal Duct. — case 40.
One Scalpel. — case 40.
Straight Iris forceps. A slender form of tissue forceps. — case 39.
Desmarre's Paracentesis needle. Provided with a stop, in order to prevent too deep introduction. — case 39.
Angular Keratome. Used for all linear corneal incisions where a limited opening is required. — case 39.

17648.58 — Set of instruments case 41.
Eye Speculum separated from set. — case 40.
(1) Webers curved lachrymal or canaliculus knife — case 39.
(2) Lachrymal or canaliculus knife. "Bowmans sharp pointed" on one end. "Daviel's Curette" on the other end. The latter is used to assist in detaching the lens, or to prevent fragments of it falling back into the posterior chamber. — case 39.

17648.60 — Set of instruments case 41. (over)
One scalpel — case 40.
Two bistouries. For enlarging a fistulous tract. — case 39.
Iris knife used in operation for artificial pupil — case 39.

17648.61 — Entropium Forceps. For inversion of eyelids. — case 39.

17648.62 — Set of eye instruments used by Dr. Owen J. Wister.
Presented by Dr. Owen Wister. case 41.
Combination Scoop and Hook separated from the set. — case 40.

17648.64 — Case of eye knives formerly used by Dr. Wm. F. Norris case 41.
Beard's Extraction Hook — case 39.
One bistoury. For deep incisions. — case 39. (Cataract knife)

17648.65 — Critchetts' cataract spoon. — case 40.

17648.651 — Set of cataract instruments used by Dr. Isaac Hayes (1796-1879) see card.

17648.66 — Graefe's Strabismus Hook. Used to pass under & raise the muscles to be severed — case 39.
Set of instruments case 41.
Tyrrell's blunt iris hook. For manipulating the iris in place of forceps. Separated from the set. — case 39.

17648.67 — Desmarres secondary cataract knife. — case 40.

17648.652 — 4 Cataract couching needles made by Gemrig - Phila. One unnamed used by Dr. McGuire Winchester Pa. A lid elevator - silver wire. Case made by Kern - Phila. Presby Hunter H. McGuire Winchester, Va - 1926

17648.68 — Set of instruments. case 41.

17648.653 — Hayes Cataract knife needle. Devised & used by Dr. Isaac Hays made by Luer, Paris. Pres. by Dr. Wm. Campbell Posey, Mar. 1920

17648.70 — Bowman's Lachrymal Probes. (Five.) case 38.
Two lachrymal dilators.

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1852

17828. Urinometers are a form of hydrometer used to determine the sp. grav. of urine. The study of urine in diagnosing is perhaps one of the oldest branches of diagnosing. Discovered writings show that physical changes in urine were noticed at least 4000 B.C. Theophilus (A.D. 610-641) records the first test of applying heat in urinalysis. Van Helmont was the first to devise a method of ascertaining the wt. or sp. gr. by placing a barometer in the urine of a healthy person, and poured into the cistern as much mercury, as necessary to make it level with the same fluid. He deduced from this that the def. in the wt. of the Hg. would give that of the spec. grav. of the urine.

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Trephines are used for opening the skull to relieve pressure, to make a diagnosis, to cut away shattered parts around a fracture, to enlarge a perforation, or to permit some further operation.

Evidence has been found of trephining done in the Neolithic age. Flat stones and shells were first used. Later metal with a sharp edge. Hippocrates writes of a circular trephine about 400 B.C. a trephine worked on the windlass principle was used in the 13th Century.

17179. 44 In the application of this instrument, the gum being separated from the tooth as much as possible, the operator passes the pt. of the claw as low down upon it as possible, and keeps it there with the forefinger of his left hand, while, with his right hand, he is placing the fulcrum, covered in defence of the gum, on the opposite side, so low that the middle part of it, which is most convex, may press against the gum, almost opposite the points of the fangs, which will facilitate the escape of the tooth.

The pressure of the fulcrum against the jaw so low will sufficiently secure the lower part of the sockets, without preventing the upper from yielding a little for the escape of the tooth. The operator now steadily and gradually turns the instrument, and, in a turn of about 45°, most likely the tooth will be raised.

This instrument can be applied with equal facility to either side, merely by turning the fulcrum, which can readily be done from one side to the other, as the operator pleases. 1818.

192

17179.62 to 17179.66 Scissors in operative surgery are often used as a substitute for the knife. Less hemorrhage follows their use than that of the scalpel, owing to the crushing nature of the cutting force.

Angular or knee bent scissors are used for enlarging an incision and for dividing fascia where accuracy is desired. Their angular forms permits their use at depths in a wound where straight scissors could not be operated.

Scissors curved on the flat are employed for snipping or cutting away tissues, such as friable or uneven surfaces, that cannot be easily removed with a knife.

13) 475 (37
39
85

17648. ~~56~~ ~~Tyrrell's blunt iris hook. For manipulating the iris in place of forceps.~~

(1.) Small dressing forceps. – case 39.
(2.) Reisinger's Iris Hook. – case 39.
Noyes's Iris Scissors – case 39.

17648.54 Lid forceps. Used to compress the lid, and thus prevent hemorrhage. (1.) right (2.) left (3.) Snellen's Cross bar. The blade is intended to be passed into the orbital space, serving not only as one jaw of the clamp, but as a protection to the eyeball. – case 39.
Jaegers Keratome. Used for all linear corneal incisions where a limited opening is required. – case 39.
(4.) Fixation Forceps. For holding and steadying the eyeball. – case 39.
(5.) Tooth Pointed Forceps. For removing foreign bodies from the anterior chamber – case 39.
(6.) Cystotome and Curette. A cystotome is used for opening or dividing the capsule in linear extraction. – case 39.
Four Lachrymal Cannulas – case 39.
Three Solid Lachrymal Styles. – case 39.
(7.) Two Foreign Body Knives. Scarpas. – case 38.

In 1728 Wm Cheselden, Surgeon to St. Thomas' Hospital, London, performed for the first time an operation of establishing an artificial pupil. Thos. Woolhouse in 1711 suggested this operation, but it was not practiced.

17648.72 Cataract Knives. For making incisions thru the cornea, and extracting cataracts (1.) Dixon (2.) Beers (3.) Beers. (4) – (5.) Whites (6.) Von Graefe's. – case 39.
17648.73 Iridectomy Knife. Bell Taylor's has a rounded end. – case 38.
17648.74 Iridectomy Knife. Joseph Beer is one the operation of iridectomy. In 1798 he first drew forth the iris and cut it off to form an artificial pupil. – case 38.

Glasses

17649.00 Pair of old glasses case 40.

17649.02 Early type glasses and metal case. case 40.

17649.04 Pair of glasses. Presented by Dr. George W. Norris March 27, 1908. case 40.

17649.06 Pair of glasses with square lenses. case 40.

17649.15 Modern Spectacles. case 40.

17649.20 Japanese eye glasses – case 40. Presented by Dr. W. Fisher Norris

17649.22 Japanese eye glasses with case. – case 40.

17649.30 Spectacles used by the Esquimaux in Alaska to protect their eyes from snow blindness Presented by Dr. G E De Schweinitz case 39.

17649.40 Glasses with green lenses. Presented by Dr. C A. Oliver case 40.

17649.42 Glasses to protect the eyes from the sun. case 40.

1725000

17649.44 Sun glasses with shield at the side.
Presented by Dr. Wm. Hunt.
case 45.

17649.45 – First pair of cemented bifocals made out the prescription of Dr. G. M. Gould, by Wall and Aichs. 1888 for Dr. Oliver P. Rex.
Presented by the estate of Laura Stedman Gould Dec'd.
Oct. 4, 1939

17649.50 Eye shield. case 40.

17700.00 Martin's pelvimeter case 89.
Presented by Dr. C. H. Goodell.

17710.00 Folding vectis case 89.

17710.02 Vectis case 89. Chamberlen Vectis

17710.04 Vectis case 89. Chamberlen Vectis

17720.00 Braun's Decapitating ~~Hook~~.
~~Blunt hook~~ case 89.

17720.02 Blunt hook case 89.

17720.04 Blunt hook case 89.

17720.06 Blunt hook designed by Professor Lazarewitsch M.D. Professor of Clinical Midwifery and Diseases of Women and Director of the Gynaecological Clinique in Kharkoff Russia in 1876. One end is adapted for replacing the fumis, the other end for extracting the child by the thigh and for placing a plaited silk noose over the child's foot. case 89.

17720.10 Presented by the Executive Committee of the Am. Internat. Congress.
Folding blunt hook. May be carried in the pocket.
case 89.

17720.25 Obstetrical hook case 89.

17720.30 See opposite page case 89.

17720.50 Combination blunt hook and crochet case 89.

17720.52 Combination blunt hook and crochet case 89.

17720.54 Combination blunt hook and crochet case 89.

17720.56 Combination blunt hook and crochet case 89.

17720.90 Obstetrical hook. case 89.

A woman residing in the city of Hioge fell into labor and her mother, the acting obstetrician, thinking the case not progressing satisfactorily, became alarmed and sent for a noted midwife, a resident of the same city. After several hours of ineffectual labor had passed, the midwife gave up the case and advised the mother to call in a native physician, who was famous as a practitioner in that special branch. After prolonged effort and the adoption of every method known to him, he too retired from the patient, baffled. As a final resort they called upon Dr John C. Berry, a missionary physician, who, ascertaining a presenting shoulder, to be the cause of all the trouble, in due time succeeded in completing the delivery, though not without the aid of forceps. The third day the woman died, and a Post Mortem being allowed the lower portion of the womb was found to be torn into shreds through the attempt of the native midwife and physician to fasten this hook into some part by which he could make traction. The child, which was born dead, was found with many similar cuts about the shoulder. The obstetrician, whose practice was a large one in both Hioge and the adjacent city of Kotte, became much interested in the forceps used by Dr. Berry, confessed their superiority over any instrument he knew of, and begged their loan, employed a Japanese blacksmith to make him a pair like them.

This hook was presented to Dr Berry as a return for his kindness in acquainting the native physician of the obstetrical forceps and their use.

Presented by Dr. O. P. Rex.

17730.00 Crochet case 89.

17730.02 Crochet case 89.

17730.50 Guarded Crochet case 89.

17730.52 Guarded Crochet case 89.

17740.00 Decapitating hook. case 89.

see 17830. for J. - Solis-Cohen Collection.

17290.01 Tracheotomy tube. case 102
17290.03 Silver Tracheotomy tube. case 102
17290.05 Laryngeal Forceps. case 101.
17290.07 " " "
17290.09 " " "
17290.11 " " "
17290.13 " " "
17290.15 Laryngeal Curette. case 101.
17290.17 " " "
17290.19 " " "
17290.21 Laryngeal Dilator. case 101.
17290.23 " " "
17290.25 " " "
17290.27 " " "
17290.35 Laryngoscope. mach Prof. Dr. G. Lewin. Case 103.
17290.37 Laryngeal Set of Instruments. Case 103.
Presented by Dr. Arthur V. Meigs.

17290.39 Camera for Laryngeal Photography. Presented by Dr D. F. Allen. case 103.

17290.41 Set of Laryngological Instruments. Presented by Dr. Arthur V. Meigs. case 103.
17290.43 Spirometer. An instrument for measuring the volume of air ~~taken in~~ inhaled, and exhaled ~~from~~ by the lungs. case 102.
An instrument for measuring the vital capacity of the chest.
17290.45 Camera for Laryngeal Photography. Belonged to Dr. J. Solis-Cohen. case 102.
17290.47 Set of Laryngological Instruments. case 103.
Belonged to Dr. J. Solis-Cohen.
17290.49 Naso-Pharynx Forceps. case 101.
17290.51 Punch forceps. "
17290.53 Laryngeal Forceps. "
17290.55 " " "
17290.57 " " "
17290.59 " " "
17290.61 Nasal Cannula & Spring. (see enclosed paper.) case 102.
17290.65 Laryngeal mirror used by Dr. Jos. D. Bryant in the operations on Pres. Cleveland in 1893. Presented by Dr. W. W. Keen. case 65
17290.66 Laryngeal mirror used for many years by Dr. W. W. Keen. Presented by Dr. Jackson. (see enclosed paper). case 65.
17290.67 One of the last laryngoscopic mirrors used by Sir Morell Mackenzie. Presented by Dr. Irwin Moore in 1930. to Dr. Jackson. Presented by Dr. Chevalier Jackson. — case 62.
17290.551 - Laryngeal syringe
17290.46 - Larygoscope -
17290.02 - Box of Ring pessaries - Laboratory
17291.03 Irrigateur "
17291.04 Breast pump - "
17291.05 " " "
17291.06 - Urethral Sounds "
17291.07 Stomach evacuator "
17291.08 Myograph

Sec. 77 - Closet C

17290.00 case 102
Trousseau's double tracheotomy tube is perhaps the most common.
17290.10 Hard rubber tracheotomy tube objectionable because it is fragile and the inner cannula is inclined to stick because of direct mucous.

17290.61 The cannula introduced into the trachea, to keep up respiration after the performance of tracheotomy. It is secured by tapes running thru the holes, and tied round the neck. Tracheotomy tubes are said to have been used by Paulus Hagenita in the 7th Century.
17290.66 Laryngeal mirror used for many years by Dr. W. W. Keen. The accompanying laryngeal mirror was presented to me by Dr. W. W. Keen who used it, and very skillfully too, for many years. I feel a personal attachment to it because of its close association with one of the greatest surgeons of any age, and a man who, notwithstanding his greatness in surgery, could also make a very thorough & dependable exam. of the larynx. Presented by Dr. Chevalier Jackson.

17290.52 Boxworth's Tongue Depressor.

The nasal canula and spring, for plugging the nose, to arrest hemorrhage; the canula is passed through the nostril to the back of the pharynx, when the spring is pushed forth, and projects forwards under the velum palati into the mouth; a piece of sponge, or plug of lint, at the end of a long string, is attached to the ring, the spring retracted, and the instrument withdrawn from the nostril, bringing the string with it; the sponge is then wedged into the posterior cavity of the nose, and the nostril firmly plygged in front. Another string should pass from the inferior surface of the plug through the mouth, to aid in disengaging it when its intention is fulfilled.

17290.70 Laryngeal Brush. Presented by Dr. J. M. Da Costa. " "
17290.72 For compression of the nose in making examination of the throat. Presented by Dr. J. M. Da Costa. " "
17290.74 Old dental instruments. " shelf 3.
17290.75 Tonsillectomy set. Stored in laboratory -
17290.76 Urethral sounds " " "
17291.00 Lithotomy Urethral Instruments belonging to Dr. H. H. Smith
17291.01 - Electro medical Apparatus (Volta Faradaic) ~~Laboratory~~

Sec. 77 - Closet C

see 17830. for J. - Solis-Cohen Collection.

17290.01 Tracheotomy tube. case 102
17290.03 Silver Tracheotomy tube. case 102
17290.05 Laryngeal Forceps. case 101.
17290.07 " " "
17290.09 " " "
17290.[illegible] " " "

[illegible] 103.
[illegible] by Dr
[illegible] Dr.
[illegible] olume
[illegible] ase 102.
[illegible] e chest.

[illegible] 192
[illegible] Laryngeal Forceps. "
17290.55 " " "
17290.57 " " "
17290.59 " " "
17290.61 Nasal Cannula & Spring. (see enclosed paper.) case 102.
17290.65 [illegible] the
[illegible] Dr. case 65.
[illegible] 65.
[illegible] bson.

[illegible] Box of Ring pessaries - Laboratory
17291.03 Irrigateur "
17291.04 Breast pump - "
17291.05 " " "
17291.06 Urethral Sounds "
17291.07 Stomach evacuator "
17291.08 Myograph

Sec. 77 - Closet C

17290.00

case 102
17290.00 Trousseau's double tracheotomy tube is perhaps the most common.
17290.10 Hard rubber tracheotomy tube objectionable because it is fragile and the inner cannula is inclined to stick because of direct mucous. case 102
17290.20 Silver tracheotomy tube. case 102
17290.22 Silver tracheotomy tube with anoval fenestra which comes in line with the trachea, and enables the patient to establish respiration thru the mouth, when the external opening is closed. case 102
17290.24, 17290.26, 17290.28 } three tracheotomy tubes. case 102
17290.30 Tracheotomy tube. case 102

17290.34 Laryngeal Knife. Presented by Dr. J. M. Da Costa. Case 80. shelf 3
17290.36 Laryngoscope. Early model. Presented by " .81- 2
17290.38 Laryngoscope. Invented by Manuel G. Del Vincente Garcia, " a singing teacher in London in 1855. It had many previous inventors - Carniard de la Tour in 1825; Benj. Gay Babington in 1832; Liston used a primitive one in 1840, but it wasn't until Turck of Vienna and Czermack of Prague thoroughly applied it to clinical study in 1857 that it was introduced into scientific medecine. 1860 Laryngoscope in use.
17290.40 " 80-2
17290.42 " "

17290.48 Chisel for Fergusson's Operation for Cleft of Hard Palate. Presented by Dr. John B. Roberts, formerly belonging to Sir. Wm. Fergusson. " 80-2

17290.52 Bosworth's Tongue Depressor. Case 84, shelf 2
17290.54 Bosworths Folding Tongue Depressor. " "
17290.56 Tongue Depressors. " "
17290.57 Tongue Depressors. 81 sh 3. " "
17290.58 Tongue Depressors. " "
17290.60 Tongue Spatula. " "
17290.62 Folding Tongue Depressor. " "
17290.63 " " " " "
17290.64 " " " " "
17290.[illegible] " "

17290.70 Laryngeal Brush. Presented by Dr. J. M. Da Costa. " "
17290.72 For compression of the nose in making examination of the throat. Presented by Dr. J. M. Da Costa. " "
17290.74 Old dental instruments. " shelf 3.
17290.75 Tonsillectomy set. Stored in laboratory -
17290.76 Urethral sounds " " "
17291.00 Lithotomy Urethral Instruments belonging to Dr. H. H. Smith
17291.01 - Electro medical Apparatus (Volta Faradaic) ~~Laboratory~~

Sec. 77 - Closet C

17291.09 Trachelorrhaphy - Sec. 77 - Closet C
17291.10 Dry cupping set - Laboratory
17291.11 Cervical dilators and bistoury.
Dr. W. C. Goodell - Laboratory.
17291.12 Urethral and Vesical surgical instruments
Laboratory
17291.13 Set of lenses - Laboratory
17291.14 Portion of a set of eye instruments
belonging to Dr. Wm. F. Norris -
Laboratory.
17291.15 Refraction Set - Case 77 - Closet C
17291.16 Ophthalmological Case of W. H. Pancoast M.D.
Pres by Dr. Gross - Sec. 77 - Closet C
17291.17 Trial lens case.
"This "trial lens" case was used by the
late Dr. Douglas Hall, a Fellow of the College.
The deposit is made by Dr. Burton Chance
in the name of the Section on Ophthalmology
of the College for safe keeping by the Mütter
Museum as a contribution towards the
formation of an Ophthalmological Museum
under the auspices of the Section. Apr. 16, 1931."
17291.18 Uterine Laboratory.
Applicator - "
17291.19 Emergency pocket instrument Case -
Laboratory.

17819.00 Rotating Placenta Forceps. case 89.

17819.02 Hodge's Rotating Placenta Forceps. case 89.

17819.04 Placenta forceps. case 89.

17819.06 Midwifery Forceps. (Single.) Case 81, shelf 6.

17819.08 " " " "

17819.10 " " " "

17833.69

17820.00 One of the earliest type forceps. (Levret's) Store - Duplicate 7 1 see enclosed paper ~~case 89.~~

17820.02 Forceps with English Lock. case 89.

17820.04 Obstetrical forceps. case 89.

17820.06 Shost forceps. (Churchill's - see enclosed paper) case 89.

17820.08 Obstetrical forceps. ~~Stored case 89.~~ D.D. Davis Forceps - Duplicate 7 17820.50

17820.10 Forceps case 89. D.D. Davis Forceps

17820.12 Forceps with solid blades. (Knight's see enclosed paper) case 89.

17820.14 Forceps. case 89.

17820.16 Forceps with French lock. case 89.

17820.18 Siebold's Forceps case 89.
Presented by Dr. Wm. Goodell.

17820.20 Obstetrical Forceps. (Hodge ~~see enclosed paper~~) J. E. Taylor Forceps case 89.

17820.22 Hodge's second forceps — case 89.
Paper Presented by Dr Joseph Warrington Moorestown N.J.

Case 89.

" 17820.24 ~~Hodge's forceps~~ (Baudelocque's see enclosed paper)

17820.25 Obstetrical Forceps. Store case not. Hodge Forceps Dup. of 17833.99

17820.26 Obstetrical forceps case 89.

17820.27 Obstetrical Forceps. Store case not. Wallace forceps Dup. of 17820.32

17820.28 Obstetrical forceps Stored case 84. Baudelocque's Forceps.

17820.29 Obstetrical Forceps. case 101. Dup. of 17820.24

" 17820.30 Busch's forceps German (Busch's see enclosed paper)

17820.31 Obstetrical Forceps. case 81. Hodge

17820.32 Wallace's forceps. (Wallace's see enclosed paper) case 89.

17820.34 Straight forceps } case 89.

" 17820.36 Forceps } Dieold's see enclosed paper

" 17820.38 Obstetrical forceps } Siebold's Store. Duplicate of 17821.165

" 17820.40 Sir James Simpson's obstetrical forceps. Made in Edinburgh from the original model. (see enclosed paper.

Presented by Dr J. V. Ingham

" 17820.42 Straight forceps (~~Rigby's see enclosed paper~~ Parvin's Forceps, with ~~Mfg. Keen from Dentz Co~~ Redarnatch ~~Co~~ book "Obstetric Forceps" pp 553-554

17820.44 Short forceps (Hewitt's see enclosed paper)

Presented by Dr H. J. Evans

Case 89.

17820.46 Short obstetrical forceps made from Dr Davis'. This pair caused the death of a woman and cost the physician $5000 for malpractice. Case 89.

17820.47 ~~Tarnier's~~ Hermann's Axis-traction Obstetrical Forceps. Case 89

17820.48 Naighton's short forceps. Case 89.

17820.50 Short obstetrical forceps. Case 89.
D. D. Davis Forceps

17820.52 Beatty's forceps (Dublin straight) (see enclosed paper)

Presented by Dr H. J. Evans.

p. 733a

Extra data

17820.00 Levret's Forceps 1747.

André Levret (Paris 1703-1780) modified Palfin's forceps introducing the second or pelvic curve. The straight forceps were inclined to slip on the head, sometimes it was impossible to extract the head with straight forceps or the perineum was injured. Levret also made a groove on the inside of the blades so that the instrument could be applied more closely to the lateral parts of the foetal head and would hold it more firmly.

17820.06 Churchill's Forceps 1840.

Fleetwood Churchill (1808-1878) was English by birth, Irishman by adoption. He claims for this instrument- "An increase in tractile power, without the necessity of grasping the handles so tightly and compressing the head, the exact fitting of the head into the hollow formed by the head curves, so as to avoid distending the perineum by a part of the instrument not actually in use, and the prevention of slipping and springing by solidity of the lower part of the blades.

Case 89. V

"17820.24 ~~Hodge's forceps~~ (Baudelocque's see enclosed paper)

17820.12 Knight's Forceps 1860 p. 733b

Samuel T. Knight (Baltimore) made plain blades because he considered the fenistrations useless and injurious. The protrusion of the soft parts through them increase the resistance more than the polished metallic surfaces of the plain blade. With plain blades he states, it is impossible for the forceps to slip, the breadth of the blade and the molded convexity of the interior face, which adopts them accurately to the arch of the cranium, entirely prevents any cutting or mutilation of the foetal scalp.

17820.50 V Short obstetrical forceps. case 89.
D. D. Davis Forceps

17820.52 V Beatty's forceps (Dublin straight) (see enclosed paper)
Presented by Dr. H. W. Evans

17820.22 Hodge's Forceps 1833 p. 733c

Hugh Lenox Hodge (1796-1873) studied the European forceps and combined the good qualities. From the Germans he copied the lock, from the English the double concavity of the cephalic surface of the blade (this lessens the danger of injuring the tissues), from the French he copied the narrow parallel shanks which prevent any undue pressure or stretching of the perineum, also as in Baudelocques the breadth of the blades are about the same throughout. Hodge diminished the weight of his forceps and slightly increased the pelvic curve so that the perineum was not dangerously pressed upon when the blades are in the axis of the superior straight. To counteract any loss of power which might ensue from this increased curvature Hodge bent the handles in the opposite direction.

Presented by Dr. Joseph Warrington, Morrestown, N. J.

Case 89. V

"17820.24 ~~Hodge's forceps~~ (Baudelocque's see enclosed paper)

17820.32

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17820.50 V Short obstetrical forceps. case 89.
D. D. Davis Forceps

17820.52 V Beatty's forceps (Dublin straight) (see enclosed paper)
Presented by Dr. H. Y. Evans.

17820.54

17820.56

17820.75

17820.76

17820.7

17820.8

17820.

17820.

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17821

Extra Data

p. 733 d

17820.24 Baudelocque's Forceps 1781
Jean Louis Baudelocque (French 1746–1798) was appointed accoucheur to Napolean's Wife. His forcep is practicely like Levrets except that it is about two inches longer and does not have the ridge or crest on the inside of the blade. The internal edges of the openings in the blades are made nearly as thin as the external or superior and inferior edges, by which means more room is allowed for the head to accommodate itself when seized by the instrument. These forceps are Baudelocque's but improved with Siebold's or the German Lock.

17820.30 Bush's Forceps 1789.
Hohann David Bush, Professor at Marburg introduced the finger rest to facilitate traction. The finger rests may have been suggested from the blunt knobs on Aitken's forceps which were used to place the fingers on to protect the maternal parts. These forceps have the English lock devised by Smellie in 1752.

" 17820.24 ~~Hodge's forceps~~ (Baudeloque's see enclosed paper)

p 733e

17820.32 Wallace's Forceps 1865 (?)

Combination Davis blade and Hodge handle, both somewhat modified. Is very light.

17820.36
17820.38 Siebold's Forceps 1804

Professor Siebold's forceps are a modification of Levret's. They are longer and have an ingenious lock. It is so made that it is not necessary to raise the female blade to insert the pivot, but simple to bring them together.

Used for 30 years by Russian District Surgeons by order of the Government.

In E.C.J. von Siebold's book the forceps are spoken of as having the handles covered with wood (17820.36) D. P.

Dewees describes Siebold's forceps as all metal (17820.38)

17820.50 V Short obstetrical forceps. case 89.
D.D. Davis Forceps

17820.52 V Beatty's forceps (Dublin straight) (see enclosed paper)
Presented by Dr. H.H. Evans.
case 89.

17820.54 V

17820.56 V

p 733f

17820.40 Simpson's Forceps 1848.

James Young Simpson of Scotland was the first to employ chloroform in obstetrics (1847).

Simpson used Ramsbotham's blade with less curve, lock of Smellie's but with projections to prevent blades readily unlocking. Naegele's handle, but with fluted side corresponding to the concavity of the pelvic curve of the blades. The finger depressions used on the sides of the handle were introduced by Brunninghausen at the beginning of the 19th century. The shanks are placed far enough apart so that a finger may be inserted to aid traction.

Presented by D. J. V. Ingham.

17820.75 V

17820.76 V

17820.78 V

17820.80 V

17820.82 V

17820.84 V

17820.86 V

17820.32 V

17821.165 V

17820.42 Rigby's Forceps 1840

Edward Rigby (English 1804-1860) was first president of the Obstetrical Society of London. Rigby used Dr. Brunninghausen's (1802) lock which he thinks combines the advantages of the French and English locks.

Case 89. ✓

"17820.24 ✓ ~~Hodge's forceps~~ (Baudelocque's see enclosed paper)

Store ... Hodge Forceps Tech. 1

17820.44 Hewitt's Forceps 1861

William Morse Graily Hewitt (1828-1893) (English) was first secretary of the Obstetrical Society of London. Hewitt devised his forceps for use in difficult cases caused by unusual elongation of the foetal head (longer blades with different curve)

Presented by Dr. H. Y. Evans.

17820.52. Beatty's "Dublin Straight" Forceps 1842.

Thomas Edward Beatty, Professor at the Royal College of Surgeons in Ireland (1800-1874)

Presented by Dr. H. Y. Evans.

17820.54 Chassagny's Forceps 1861

Chassagny studied the subject of parallel force and constructed his forceps with that idea in mind. Thenance in 1781 was the first to make parallel forceps. The knobs on the sides are to receive the lopes of the traction strings.

17820.50 ✓ Short obstetrical forceps. case 89.
D. D. Davis Forceps

p. 733 g

17820.32

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17820.52 ✓ Beatty's forceps (Dublin straight) (see enclosed paper)
Presented by Dr. H. Y. Evans
Case 89.

17820.54 ✓ Obstetrical forceps. (Chassagny's see enclosed paper)
Case 89.

17820.56 ✓ Forceps.
Designed by Professor Lazarewitsch M. D. Professor of Clinical Midwifery and diseases of Women and Director of Gynaecological Clinique in Kharkoff Russia in 1876 ... for the finger, to facilitate

17820.56 Prof Lazarewitsch of Kharkoff Russia claims for these forceps the ~~flow~~ following (1) owing to the handles not crossing it is immaterial which blade is first introduced, and the first one introduced is not in the way of the second. (2) the lock being in the handle there is no fear of pinching the soft parts or including hairs. (3) when considerable contractive force is necessary all hazardous pressure on the foetal head may be avoided.

p. 733 h

17820.75

17820.7

17820.7

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17820.321 - After coming head obstetrical forceps - Pro...
98-2

17821.165 ✓ Siebold's ~~Hodge~~ Forceps. At least fifty years old. Used by Dr. John E. Whiteside of Haddington and Haverford, Pa.
Presented by Dr. James Talley - July 15, 1938

Case 89.

" 17820.24 ~~Hodge's forceps~~ (Baudelocque's see enclosed paper)

17820.25 Obstetrical Forceps. ~~Case not.~~ ~~Hodge~~ Forceps Dup. of 17833.99

17820.26 Obstetrical forceps case 89.

17820.27 Obstetrical Forceps. ~~Stone case 101~~ Wallace forceps, Dup. of 17820.32

17820.28 Obstetrical forceps ~~case 89.~~ Stored Baudelocque's Forceps.

17820.29 Obstetrical Forceps. case 101. Dup. of 17820.24

" 17820.30 Busch's forceps German (Busch's see enclosed paper)

17820.31 Obstetrical Forceps. case 89. ~~Hodge~~

17820.32 Wallace's forceps. (Wallace's see enclosed paper) case 89.

17820.34 Straight forceps } case 89.

" 17820.36 Forceps } Diebold's see enclosed paper

" 17820.38 Obstetrical forceps } Diebold's - Stores. Duplicate of 17821.165

" 17820.40 Sir James Simpson's obstetrical forceps. Made in Edinburgh from the original model. (see enclosed paper.

Presented by Dr J. V. Ingham

" 17820.42 Straight forceps. (~~Pigby's see enclosed paper~~ Parvin's Forceps, with specimen from Denty Collection Sedalmatch Case book "Obstetric Forceps" pp. 555-556

17820.44 Short forceps (Heartt's see enclosed paper)

Presented by Dr. H. J. Evans. case 89.

17820.46 Short obstetrical forceps made from Dr. Davis'. This pair caused the death of a woman and cost the physician $5000 for malpractice. case 89.

17820.47 ~~Farnier's~~ Hermann's Axis-traction Obstetrical Forceps - Case 89

17820.48 Waighton's short forceps. case 89.

17820.50 Short obstetrical forceps. case 89.

D. D. Davis Forceps

17820.52 Beatty's forceps (Dublin straight) (see enclosed paper)

Presented by Dr. H. J. Evans. case 89.

17820.54 Obstetrical forceps. (Chassagny's see enclosed paper) case 89.

17820.56 Forceps.

Designed by Professor Lazarewitsch M.D. Professor of Clinical Midwifery and diseases of Women and Director of Gynaecological Clinique in Kharkoff Russia in 1876. Above the handles is a ring for the finger, to facilitate in the process of extraction. The advantage of these forceps over others, "says Professor Lazarewitsch," is that each half may be introduced separately with equal facility for locking (they possess the Russian Lock). After the first blade is introduced the way is not obstructed against the second as it is with the crossing forceps. (see enclosed paper)

Presented by the Executive Committee of the Am. International Congress case 89.

17820.75 Folding forceps. Vectis Capable of being folded and carried in the pocket. case 89.

17820.76 Old single blade forceps case 89.

17820.78 Ryerson's Vectis, identified from Windle catalogue. Single blade obstetrical forceps. case 89.

17820.80 Single blade forceps case 89.

17820.82 Single blade obstetrical forceps are said to have been used since 1695. case 89.

17820.84 Single blade forcep. case 89.

17820.86 ~~Hodges~~ Original Obstetrical Forceps. Presented by Dr. H. A. Kelly, Baltimore, Md. Oct. 1934. case 89.

17820.321 - After coming head obstetrical forceps - Probably Piper $8-2

17821.165 ~~Hodge~~ Diebold's Forceps. At least fifty years old. Used by Dr. John C. Whiteside of Haddington and Haverford, Pa. Presented by Dr. James Talley July 15, 1938

17821.00 Blot's perforator case 89.

17821.02 Smellie's perforator case 89.

17821.04 Smellie's perforator case 89.

17821.06 Smellie's perforator case 89.

17821.08 Bone and teeth forceps. Case 83, shelf 3.

17821.10 Forceps for cutting pins. "

17821.12 Wildes Ear Forceps. (two). "

17821.14 Toynbee's Angular Ear Forceps. "

17821.16 Mugs Craniotomy Forceps. (curved) "

*17821.18 Mugs Craniotomy Forceps. (straight.) "

17821.20 Forceps for Anchylosis of lower jaw. " shelf 4.

17821.22 Kelly's Artery Forceps. " "

17821.24 Army Bullet Forceps.

17821.26 Compression Forceps. (three.) case 101. Case 84, shelf 3.

17821.28 Volsellum Forceps. Formerly belonging to Dr Wm. Goodell. Presented by Dr. W.C. Goodell. case 101.

17821.50 Cephalotribe case 89.

*17821.171 Combination Craniotomy instrument and Obstetrical Forceps - 89 Name is "Tarnier's Basiotribe" Hirst's pp. 778-779 Edition

17821.52 Cephalotribe case 89.

17821.54 Cephalotribe case 89.

Designed by Professor Lazarewitsch M. D. Professor of Clinical Midwifery and Diseases of Women and Director of the Gynaecological Clinique in Kharkoff Russia in 1876

This instrument does not cut or prick therefore can not wound the tissues of the genitals. In decapitation it is easier to use because it is easier to grasp the neck from below than to put the hook on from above. This instrument can exert a great force without much strength on the part of the operator.

The following operations may be performed with this instrument:- Perforation of the head, Craniocleasm, Extraction of the crushed head connected with trunk, Decapitation, Extraction of head when separate from the trunk, Division of the trunk, Brachiotomy, Exenteresis

Presented by the Executive Committee of the Am. Internat. Congress

Case 83, shelf 4.

17821.01 Tumor Forceps. Traction forceps are employed in engaging, holding and lifting large tumor masses. They differ from Volsella forceps in being heavier, and with wider & more extended grasping surfaces.

17821.05 Volsella Forceps. Are employed to grasp and draw forward the uterus, to engage and hold small tumors, and parts requiring incision and excision. They are used in cases necessitating an instrument heavier than a tenaculum. Presented by Dr. W.C. Goodell.

17821.07 "

17821.09 "

17821.11 "

17821.13 "

17821.15 "

17821.17 Spencer Wells Pedicle Forceps. Pedicle forceps are used for temporary hemostasis, and the reduction of its size, preparatory to the application of a ligature.

17821.19 "

17821.21 "

17821.23 "

17821.25 "

17821.27 Long Dressing Forceps. Useful for grasping folds of tissue, holding small organs or other substances, for placing or removing sutures or ligature, for packing and removing gauze from cavities.

17821.29 Bozemans Dressing Forceps. Are generally considered superior to any other of this class (uterine use). The double curve keeps the handles out of the line of vision.

17821.31 Péans Straight Compression Forceps. Compression forceps are used in abdominal surgery when necessary to arrest hemorrhage from vessels not only deep seated, but to compress large masses of tissue.

17821.33 "

17821.35 "

17821.37 "

17821.39 "

17821.41 "

17821.43 "

17821.45 Plain Self Grasping artery Forceps. Case 81 shelf. 4.

17821.46 Dieffenbach's small artery forceps. (see enclosed paper) seven. case 102.

17821.47 In 1860, there were no artery forceps. Hemorrhage was arrested by seizing artery after artery by a tenaculum, and tying with silk. Minor operating tenacula are used in ligations to separate blood vessels from surrounding parts, and draw them away from the soft tissues. Presented by Dr. W.C. Goodell. case 84. shelf 3.

17821.49 "

17821.51 "

17821.53 "

17821.55 "

17821.57 "

17821.59 "

17821.61 "

17821.[63] Mortin's "T" shaped forceps. Forci-pressure is a term applied to the immediate closing of a bleeding vessel by the direct action of a suitable forceps. A force should be employed sufficient to crush the inner coat of the artery & vein and secure instantaneous hemostasis. Also used for holding sutures, tampons, and drainage tubes.

17821.[65] Four classes, snap catch.
17821.[67] " Case 84, shelf 3.
17821.[69] " "
17821.[69] " "

17821.[71] Uterine Tenacula. They are employed to draw the uterus nearer to the vaginal outlet, and to steady it, either for inspection or operation.
17821.[73] "
17821.[75] "
17821.[77] " " shelf 4.
17821.[79] "
17821.[81] "

17821.[83] Double Tenaculum. Formerly belonging to Dr. George P. Oliver. Presented by Dr. C. A. Oliver. Used in 1864. to dilate an incision.

17821.[85] Pocket size tenaculum. case 103.
17821.[87] " " " . case 103.
17821.[89] Tenaculum Forceps. case 101.
17821.[91] " " "
17821.[93] " " "
17821.[95] " " "
17821.[97] " " "
17821.[99] " " ".

17821.[03] Instrument for Taking out bits of tumor for examination. Presented by Dr. W. V. Keen. (Duchesne's tissue extractor used in securing specimens from tumors, morbid deposits, muscular tissues. — case 62.

17821.86 - Tenaculum - Case 103

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~~The College has no~~ to files ~~April 30~~ ~~1934.~~

17821.[46] Dieffenbachs Small Artery Forceps may be used with advantage to close temporarily the open orifice of an artery during the course of a prolonged operation. Four or more of these small instruments, which close by a spring, may, when properly applied, completely arrest the flow of blood, and thus render more easy a difficult dissection.
There are seven (7).

17822.13 Needle Forceps. Formerly belonging to Dr. Wm. Goodell. Presented by Dr. W. C. Goodell. case 101.
17822.15 " "
17822.17 " "
17822.19 " "
17822.27 " "
17822.29 " "
17822.31 " ",
17822.33 Wooden case containing 53 needles. case 102.
17822.43 Case containing four acupuncture needles. Also three ordinary needles case 101.

17822.00 Ligature Carriers. Used for carrying ligatures thru the broad ligament in vaginal hysterectomy, for passing threads along or thru narrow or tortuous tracks. They are preferred to needles, as their use avoids injury to blood vessels.
17822.01 Ligature Carrier.
17822.02 " "
17822.03 " "
17822.04 " "
17822.05 " "
17822.06 " "
17822.07 " "
17822.08 " "
17822.09 " "
17822.10 " "
17822.11 " "
17822.12 " "
17822.121 Needle for applying a ligature - Case 81-Sh 6

Case 83, shelf 1.

17822.20 Common Aneurism needle. For passing a ligature beneath the trunk of an artery. These needles formerly belonged to Dr Wm. Goodell. They were presented by Dr. W.C. Goodell.
17822.21 "
17822.22 "
17822.23 "
17822.24 "
17822.25 "

17822.30 Pedicle needle. "

17822.35 Aneurism needle with a lateral curve. A form adapted to carry a ligature round the subclavian, and other deeply seated vessels. Presented by Dr. W. C. Goodell.
17822.36 "
17822.37 "
17822.38 "
17822.39 "
17822.40 "
17822.41 "

17822.50 Towel holders.
17822.52 Parsons Sponge holder. 1899. Case 84, shelf 3.
17822.54 Sponge holder. Bayonet catch thruout. " shelf 4.
Presented by Dr. W. C. Goodell. " "
17822.56 Stevens Needle Holder. case 102.
17822.58 Two needle holders. Almost a necessity in closing wounds, even those of a superficial nature, while in inserting deep-seated sutures, they are practically indispensable. case 102.

17823.01 The "Chemise." (Fr.-shirt.)
To control hemorrhage after lateral operation for stone in the bladder. See Gross' Surgery, 6th edition, 1882. vol. II, p. 746., Fig. 563. Presented by Dr. W. W. Keen. case 80, shelf. 2.

17823.03 Lead wires for getting spinal curvature, and drawing outline on paper. (Ten wires in all.) " shelf. 3.

p. 741 b

17,823.00 to 17,823.22 : Lithotrites:

Ammonius of Alexandria, surnamed Lithotomus, probably lived in the reign of Ptolemy Philadelphus (B.C 283-247). He is celebrated as having been the first surgeon who thought of crushing a stone within the bladder when too large for extraction entire. He was a student of Crasistratus.

1535 Mariano Santo di Barletta gave first account of median lithotomy. 1555 Pierre Franco performs suprapubic lithotomy. 1727 Cheselden performs a lateral operation for stone. 1731 Le Dran improves lithotomy. 1835 Castello publicly demonstrated at Oxford as a novelty.

17823.71 17823.72 The advantage offered by this instrument is, that as the blades are expanded to seize a large stone, the handles are separated to a much less extent than in the common form, and, consequently the external parts are subjected to less strain.

17823.19 Uterine sounds are employed to measure the depth and direction of the uterine cavity, as a lever to correct displacement, and as a means of determining the presence or extent of uterine growths. One side is corrugated, usually the side toward which the instrument is curved, so that the operator may know the course of the canal while the instrument is in situ.

17823.38 Catheters are furnished with a bit of wood to be drawn out by a thread, to prevent the obstructive effects of capillary attraction, and to fetch the urine after it when withdrawn. (late Roman.) Ammonius treated retention of urine by the use of the catheter (300 B.C.)

17823.73 Nine Catheters of Fabric. case 101.
17823.74 Four Metal Catheters. case 101.
17823.75 Stone Forceps. Donated by Dr. Arthur V. Meigs. case 102.
17823.76 Nelaton's Bullet Probe used in the Civil War by Dr. W. W. Keen. Presented by Dr. W. W. Keen — case 62.
17823.77 Meerschaum Probe. Given to Dr. Ashhurst Jr., by Dr. Culbertson in 1873. Presented by Dr. Astley P.C. Ashhurst — case 62. Also, letter presenting this probe.
17823.78 Original Types of Murphy Buttons. (Seven). Presented by Dr. W. W. Keen — case 62.

741.

17823.00 Lithotrite.
17823.02 "
17823.04 "
17823.06 "
17823.08 "
10 "

case 83
shelf 1.

p. 741 a

As far back as 1832 the young people of Athens, in the State of Georgia, were addicted to the inhalation of ether as a stimulant, but its first production of complete anesthesia was the result of a practical joke. At a "quilting party" at Athens, in 1839, some boys and girls insisted upon a little "nigger" taking it "just for the fun of the ting". He fought furiously, then succumbed, and lay passive, breathing stertorously, they tried to arouse him, but could not, Becoming alarmed, a mounted messenger was sent for a doctor: and, strange to say, although nearly two hours must have elapsed before his arrival, the boy was found to be in a profound state of anesthesia. Dr long, of athens, frequently inhaled ether in the presence of his pupils: and noticed that afterwards he found bruises on his person; although at the time he must have received them, he was unconscious of any pain. This set him thinking, and he resolved to ascertain if surgical operations could not be performed while the patient was in a condition of insensibility thus induced. In 1842 he amputated the toe of a negro boy, to whom he had administered ether. It was not until 1847 that the subject of anesthesia was first broached in England at the meeting of the British Medical Association at Derby, and it required no small courage on the part of the late Sir James simpson to advocate the use of anesthetics in obstetrical cases. Fiercely denunciatory sermons were preached against him, and he was told that to use chloroform was "to evade the primeval curse on women." But he was witty as he was brave and persevering, and he retorted on the clerical bigots thus;-"My opponents forget the 21st verse of the 2nd chapter of Genesis. That, said he, is the record of the first surgical operation ever performed, and that text proves that the Maker of the universe, before he took the rib from Adam's side, for the creation of Eve, caused a deep sleep to fall on Adam."

Ansethesia is not a modern invention, it was used in Greece Pliny tells us that mandragora was administered just as we administer ~~ch~~ chloroform, in order to insure insensibility to pain. Apuleius tells us that "by drinking mandrake with wine, a limb may be cut off without any sense of pain. An anesthetic agent for producing insensibility to pain was in use amoung the Chinese 1600 years ago. A preparation of Indian hemp was used by the ancient Scythians.

look up ref.

17823.48 Catheter
17823.49 Catheter
17823.50 Catheter
17823.51 Catheter
17823.52 Catheter
17823.53 Catheter
17823.54 Catheter
17823.55 Catheter
17823.56 Catheter
17823.57 Catheter
17823.58 Catheter.
17823.59 Seventeen catheters. Presented by Dr W. C. Goodell. case 101.
17823.591 Eight catheters — Case 101-Sh. 3

17823.00 Lithotrite.
17823.02 "
17823.04 "
17823.06 "
17823.08 "
17823.10 "
17823.12 "

case 83
shelf 1.

17823.00 The "Chemise". (Fr. - shirt.)
To control hemorrhage after lateral operation for stone in the bladder. See Gross' Surgery, 6th edition, 1882. vol. II, p. 746., Fig. 563. Presented by Dr. W. W. Keen. case 80, shelf. 2.

17823.03 Lead wires for getting spinal curvature, and drawing outline on paper. (Ten wires in all.) " shelf. 3.

17823. 73 Nine Catheters of Fabric. case 101.
17823. 74 Four Metal Catheters. case 101.
17823. 75 Stone Forceps. Donated by Dr. Arthur V. Meigs. case 102.
17823. 76 Nelaton's Bullet Probe used in the Civil War by Dr. W. W. Keen. Presented by Dr. W. W. Keen — case 62.
17823. 77 Meerschaum Probe. Given to Dr. Ashhurst jr. by Dr. Culbertson in 1873. Presented by Dr. Astley P.C. Ashhurst — case 62. Also, letter presenting this probe.
17823.78 Original Types of Murphy Buttons. (Seven). Presented by Dr. W. W. Keen — case 62.

17823. 51 Catheter
17823. 52 Catheter
17823. 53 Catheter
17823. 54 Catheter
17823. 55 Catheter
17823. 56 Catheter
17823. 57 Catheter
17823. 58 Catheter.
17823. 59 Seventeen catheters. Presented by Dr W. C. Goodell. case 101.
17823.591 Eight Catheters - Case 101 - Sh. 3

17823.01 The "Chemise." (Fr. - shirt.)
To control hemorrhage after lateral operation for stone in the bladder. See Gross' Surgery, 6th edition, 1882. Vol. II, p. 746., Fig. 563. Presented by Dr. W. W. Keen. case 80, shelf. 2.

17823.03 Lead wires for getting renal curvature, and drawing outline on paper. (Ten wires in all.) " shelf. 3.

17823.05 Dupuytren's Double Lithotome Cache. " shelf. 4.

17823.07 Lithotomy Strap. A strap by which the legs of a patient in the lithotomy position may be adjusted, and held at any height or angle. They are employed principally in gynecological, genito-urinary and rectal surgery. " "

17823.09 Lithotomy Forceps.
17823.11 " } case 101.
17823.13 "
17823.15 "
17823.17 "

17823.19 Six Uterine Sounds. Presented by Dr. W.C. Goodell. case 101.
(see enclosed paper.)

17823.21 A packet of twenty seven renal sounds. case 102.
Presented by Dr. W.C. Goodell.

17823.34 Simon's Urethral Cystoscope. Presented by Dr. Arthur V. Meigs. case 102.

17823.33 "a Sorget". Presented by Dr. W.W. Keen. case 102.

17823.035 Two Amputating Knives with ebony handles.
Used around 1840. Pres. by Dr. Chevalier Jackson.

17823.60 Stone Forceps. Presented by Dr. W.C. Goodell.
17823.61 "
17823.62 "
17823.63 "
17823.64 "
17823.65 "
17823.66 "
17823.67 "
17823.68 "
17823.69 "
17823.70 "
} case 101.

17823.71 Special Stone Forceps. } see enclosed paper. case 102.
17823.72 " " "

17823.73 Nine Catheters of Fabric. case 101.

17823.74 Four Metal Catheters. case 101.

17823.75 Stone Forceps. Donated by Dr. Arthur V. Meigs. case 102.

17823.76 Nelaton's Bullet Probe used in the Civil War by Dr. W.W. Keen.
Presented by Dr. W.W. Keen — case 62.

17823.77 Meerschaum Probe. Given to Dr. Ashhurst jr, by Dr. Culbertson in 1873. Presented by Dr. Astley P.C. Ashhurst — case 62.
Also, letter presenting this probe.

17823.78 Original Types of Murphy Buttons. (Seven).
Presented by Dr. W.W. Keen — case 62.

17823.00 Lithotrite.
17823.02 "
17823.04 "
17823.06 "
17823.08 "
17823.10 "
17823.12 "
17823.14 "
17823.16 "
17828.18 "
} case 83 shelf 1.

17823.20 Civiales Lithotrite. 1871.

17823.22 Weiss' Lithotrite 1871.

17823.23 One dozen (12) Catheters. case 102.
17823.24 One dozen (12) Catheters. case 102.
17823.25 Five Catheters. case 102.

17823.26 Lithotomy Scoop.
17823.27 " "
17823.28 " "
17823.29 " "
17823.30 " " Presented by Dr. W.C. Goodell. Case 80 shelf 5.
} case 80. shelf. 6

17823.34 Four De Armond Catheters. case 101.

17823.35 Spence-Goodman Self-Retaining Catheters. The three types
17823.36 are represented. " "
17823.37 " "
} case 84, shelf. 4.

17823.38 Two Silver Catheters. (see enclosed paper) case 102.

17823.40 Catheter
17823.41 Catheter
17823.42 Catheter
17823.43 Catheter
17823.44 Catheter
17823.45 Catheter
17823.46 Catheter
17823.47 Catheter
17823.48 Catheter
17823.49 Catheter
17823.50 Catheter
17823.51 Catheter
17823.52 Catheter
17823.53 Catheter
17823.54 Catheter
17823.55 Catheter
17823.56 Catheter
17823.57 Catheter
17823.58 Catheter.
} Case 84, shelf. 1.

17823.59 Seventeen catheters. Presented by Dr W. C. Goodell. case 101.

17823.591 Eight Catheters - Case 101 - Sh. 3

17824.[01] Tonsil Forceps. case 102.

17824.[03] Tonsil Forceps. case 102.

17823.592 Metal Catheter with flexible extremity. Case 101

17823.79 Amputating outfit; U.S. Army.

17823.80 Amputation set

17823.81 Minor Surgical set. Wm H. Pancoast.

17823.82 Trephining set.

17823.83 " "

17823.84 Post mortem Instruments belonging to Dr. George P. Oliver.

17823.85 Amputation set

17823.86 Kellog's Adjuster

17823.88 Fistulatome.

17823.89 " "

17823.90 Trephining and bone instruments with an eraseur.

17823.91 Osteoplastic outfit.

17823.92 Stellwagon trephine

17823.93 Paquelin cautery

17823.94 Remnants of an amputating set.

17823.95 Paquelin cautery

17823.87 Bone instruments of U.S. Army. Civil War.

Case 87, shelf 4. 743.

17824.[00] Tonsil Guillotine. Invented by Dr. Guillotin in 1791. (see paper.)

17824.[02] " "

17824.[04] " "

17824.[06] " "

17824.[08] Tonsil Guillotine. Presented by Dr. David Brown. 1934. case 80, shelf 3.

17824.[00] to 17824.[02]

P. 743a

There are two varieties of guillotine, one, the original which cuts from before backwards; the other, of later date which cuts in the opposite direction. The principle is the same in both. A steel frame is grooved so as to allow passage for a knife, shaped as the guillotine knife. The end of the frame is slipped over the tonsil, the projecting part of which is seized with a hook. The knife is then pushed backwards to the end of the frame, cutting thru the tonsil in its course. The only accident that can occur is that of a severed piece of tonsil becoming detached from the hook, and slipping down the patients esophagus. The steel frame may contain a thin curved knife at its end, concealed within the apparatus. A double movement, effected at the same moment, enables the surgeon to plunge a harpoon shaped hook into the tonsil by pressure of the thumb, which he draws a thin semi-lunar knife from behind forwards thru the tonsil by the action of his fingers. Operation is completed in a second. The first instrument requires three periods for its use; (1) passing it over the tonsil, (2) fixing the tonsil with a hook. (3) cutting the gland with a knife. The second instrument requires but two periods; (1) slipping the end over the tonsil, (2) the insertion of the hook, and the knife action are simultaneous. The former instruments are American, the latter French.

[illegible] two two edged lancets in case. Pocket Instruments. case 103.

17824.[50] Bleeding lancet. case 102. Missing

Missing

17824.01 Fonsil Forceps. case 102.

17824.03 Tonsil Forceps. case 102.

17823.592 Metal Catheter with flexible extremity. Case 101

17823.79 Amputating outfit; U.S. Army.

17823.80 Amputation set

17823.81 Minor Surgical set. Wm H Pancoast

17823.82 Trephining set.

17823.83 " "

17823.84 Post mortem Instruments belonging to Dr. George P. Oliver.

17823.85 Amputation set

17823.86 Kellog's Adjuster

17823.88 Fistulatome.

17823.89 " "

17823.90 Trephining and bone instruments with an eraseur.

17823.91 Osteoplastic outfit.

17823.92 Stellwagon trephine

17823.93 Paquelin cautery

17823.94 Remnants of an amputating set.

17823.95 Paquelin Cautery

17823.87 Bone instruments U. S. Army. Civil War.

case 87, shelf 4.

17824.00 Tonsil Guillotine. Invented by Dr. Guillotin in 1791. (see paper.)

17824.02 " "

17824.04 " "

17824.06 " "

17824.08 Tonsil Guillotine. Presented by Dr. David Barton. 1934. case 80, shelf 3.

" shelf. 4.

17824.22 Bleeding Lancets. Used for opening many small abscess for vaccination etc.

17824.23 "

17824.24 "

17824.25 "

17824.26 "

17824.27 "

17824.28 "

17824.29 "

17824.30 "

17824.31 "

17824.32 "

17824.33 "

17824.34 "

17824.35 "

17824.36 "

17824.38 Three lancets. Pocket Instruments. Two edged variety. case 103.

17824.40 Homers Spout. case 84, shelf. 4.

17824.42 The Esmarch cut-off. The cut-off has a lever in the center, placed where it may be controlled by thumb movement, stops or regulates the flow at the will of the operator. One advantage of this pattern is that it does not compress the tube in shutting off the flow. " "

17824.44 A case of lancets formerly used by Dr. James. 1810. Presented by Dr. A. D. Hall. case 103.

17824.46 Gum lancet. case 103.

17824.48 Two two edged lancets in case. Pocket Instruments. case 103.

17824.50 Bleeding lancet. case 102. Missing

Missing

17825.01 Thomas' Spoon Saw. Spoon saw is employed in either excision or enucleation. It is used to separate or "shell" out a tumor from its bed. As manufactured by most instrument makers, it is so sharp that, even with care, the uterine wall is frequently lacerated, and occasionally perforated.

17825.03 Curettes. Uterine curettage consists in the removal of foreign growths, adventitious tissues, or mucous membrane from a uterine body by scraping or tearing by means of spoons (curettes.) Presented by Dr. W. C. Goodell. Case 81, shelf 4 "

17825.05 " "
17825.07 " "
17825.09 " "
17825.11 Double End Curette.
17825.13 " " " "
17825.15 " " " "
17825.17 Four Bladder Sounds. case 101.
x 17825.19 "Set of Instruments. Presented by Dr. James M. Barton. These Instru. are for the purpose of boring holes in Vesical calculi and thus weakening them before crushing. This is the method advocated by Gruithuisen of Munich, and Elderton of Scotland about 1760. case 32.

17825.31 Instrument for Crushing Calculi. case 103.
17825.33 " " " "
17825.35 " " " "
17825.37 " " " "
17825.39 " " " "
17825.41 " " " "
17825.43 Seven Incomplete Instruments for Crushing Calculi. case 103.
All instruments enclosed by above bracket presented by Dr. Pancoast.

17825.45	17825.55	17825.65	Bladder Sounds. Presented by Dr. W. C. Goodell. case 101.
17825.47	17825.57	17825.67	
17825.49	17825.59	17825.69	
17825.51	17825.61	17825.71	
17825.53	17825.63	17825.73	

17825.75	17825.87	17825.99	Groove Directors. case 101. (see enclosed paper).
17825.77	17825.89		
17825.79	17825.91		
17825.81	17825.93		
17825.83	17825.95		
17825.85	17825.97		

x 17825.18 - 3 Bladder Sounds. Case 101

17825.00 Curette. Presented by Dr. W. C. Goodell. Case 81, shelf 3.
17825.02 " "
17825.04 " "
17825.06 Curette and Director "
17825.08 " "
17825.10 Curette, Probe, and Groove Director. "
17825.12 " "

~~17825.~~
17825.
17825.
17825.
17825.
17825.
17825.
17825.2
x 17825.30
17825.32
x 17825.2
~~17825.~~
~~17825.~~5
17825.5
17825.5
17825.5
17825.6
17825.62
17825.66
17825.68
17825.70
17825.72
17825.74

p. 745 A

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17825.28 Probes are slender flexible rods usually employed for exploring suppurative tracts, and recognizing foreign bodies. They may be utilized for tracing the depth and direction of a sinus or fistula, for disclosing the area of an abcess, for detecting the presence and extent of a necrosis, or locating any narrow tube, canal, or cavity. 192
Auguste Nelatin 1807-1874 invented the probe by which he detected the bullet in the wound of Garibaldi.

17825.75 - 17825.99 - Directors are for guiding or directing the course of a cutting instrument. They are also used to separate, raise and hold tissues that are to be divided where care and accuracy are essential, in gauging the extent of an incision in opening sinuses and fistulas, in exposing arteries. Also 17825.66 - 17825.90

17825.01 Thomas' Spoon Saw. Spoon saw is employed in either excision or enucleation. It is used to separate or "shell" out a tumor from its bed. As manufactured by most instrument makers, it is so sharp that, even with care, the uterine wall is frequently lacerated, and occasionally perforated.

17825.03 Curettes. Uterine curettage con... Case 81, shelf 4

...oval
...mucous "
...ng or
...esented "
"
"
"
"
"
"
...M. Barton.
...holes in
...m before
...by
...tland about 1760.
Case 32.

...lculi. case 103.
...Dr.
case 101.
...101.

...Bladder sounds. case 101

17825.00 Curette. Presented by Dr. W. C. Goodell. Case 81, shelf 3.
17825.02 " "
17825.04 " "
17825.06 Curette and Director "
17825.08 " "
17825.10 Curette, Probe, and Groove Director. "
17825.12 "

~~17825.18 Visiting card plate of Dr. Phillip Syng Physick. Presented by [redacted] David Lewis. case 62.~~

17825.20 Bladder sounds. Female (straight.) 81 shelf. 4
17825.21 " " " " " "
17825.22 " " Male (curved). " "
17825.23 " " " " " "
17825.25 Stone Borer and Crusher. 81 "
17825.26 Perineal Urethrotomy Stone Scoop, Probe, and Groove Director. 84-5 "
17825.28 Eleven Probes. Presented by Dr. W. C. Goodell. case 101. (see enclosed paper.)
17825.30 Simpson's Uterine Sounds. A slight knob formed in the shaft of the instrument, 2½ inches from the distal end, denotes the average normal depth of the uterine cavity. Presented by Dr. W. C. Goodell. (Two). case 102.
17825.32 Two Probes. Presented by Dr. W. C. Goodell. case 102.

x17825.29 A Probe. case 101

~~17825.50 A Bronze Medal of Dr. Pancoast. Case 84, shelf. 2.~~
~~17825.52 Dr Pancoast's Office Sign. " "~~
17825.54 Whiteheads Pile Clamp. " shelf. 3.
17825.56 Pile Forceps. 1871. " "
17825.58 " " ". " "
17825.60 " " ". " "
17825.62 " " ". " "

17825.66	17825.76	17825.86	Groove Directors (see enclosed paper.) case 101.
17825.68	17825.78	17825.88	
17825.70	17825.80	17825.90	
17825.72	17825.82		
17825.74	17825.84		

Mrs. Howard W Lewis -

1928 Spruce

Mabel Potter Lew

Gend 17827

Dissection Case of Dr. Page

Case 80, shelf 4.

17826.00 Catlin's Knife. Large and Small. The catlin, a knife with a double edge, used in amputations of the forearm and leg, to divide the soft part between the bones. Enables the operator to cut in both directions, so that when the blade is forced thru between the openings, the tissues may be severed without withdrawing the instrument. (may be severed on both sides.)

Large size

17826.02 " small size

17826.04 " small size

17826.06 " medium size

17826.08 Symphysiotomy Knife (Kerniotomy.) Case 81, shelf 6.

17826.10 A knife for dividing the stricture, in the operation for the relief of strangulated hernia. About half an inch only of the blade possesses an edge, so that there is very little danger of the intestine, or any other part except that to be divided, coming in contact with it. 81 shelf 3.

17826.12 Sutures. (see enclosed paper.) Case 80 shelf 5.

17826.14 Double brain electrode. To stimulate brain centers. Devised by Dr Keen in 1888 & used effectively by him for many years. Presented by Dr. W. W. Keen. 80-5 " "

17826.16 A Case of Chisels used for opening the skull. Used by Dr. W. W. Keen prior to his introduction of the Keen chisel. Presented by Dr. W. W. Keen. 81 4

17826.18 Bone Scoops. Are used for separating or removing necrosed bone or the contents of suppurative tracts. As scoops can be more accurately employed than other gouging instruments, they are less liable to injure surrounding structures. Presented by Dr. W. C. Goodell. 80 6

17826.20 " " "

17826.22 " " "

17826.24 " " "

17826.26 " " "

17826.28 " " "

17826.30 " " "

17826.32 " " "

17826.34 " " "

17826.36 " " "

17826.38 "

17826.40 Knife with which Dr. S. D. Gross performed 70 lateral lithotomies. Presented by Dr. S. W. Gross. — case 62.

17826.42 Specimen Cutter. The two blades may be adjusted to cut strips of tissue in any thickness from a fraction of a mm. up to several cms. Presented by Dr. W. W. Keen. — case 62.

17826.07 Surgical knife with removable wood handle. Purchased at a sale of the belongings of Sir Astley Cooper by John H. Packard. Presented to the Museum by Francis R. Packard Oct. 1935. case 32, shelf 5.

17826.12 absorbable material is particularly adapted to buried sutures and ligatures, because, after performing its function it undergoes liquifaction, and is in many cases replaced by living tissue. For this purpose, many tendinous substances have been employed, including the tendons from the ox, moose, reindeer, etc. and the tails of rabbits, opossums, kangaroos and whales. Those usually preferred are catgut, kangaroo tail tendon, and ox tendon. Catgut when first placed upon the market, may have been manufactured from the guts of domestic cat, the catgut now employed in surgery, being from the intestines of sheep.

Non-absorbable sutures are usually of silk, silkworm gut, horsehair and wire. Other substances such as cotton or linen thread are occasionally employed.

17826.00 Cattlin's knife. Large and small. The cattlin, a knife with a double edge, used in amputations of the forearm and leg, to divide the soft part between the bones. Enables the operator to cut in both directions, so that when the blade is forced thru between the openings, the tissues may be severed without withdrawing the instrument. (may be used on both sides.)
Large size

17826.02 " small size
17826.04 " small size
17826.06 " medium size
17826.08 Symphysiotomy knife (Pharmiotomy.) Case 81, shelf 6.
17826.10 A knife for dividing the stricture, in the operation for the relief of strangulated hernia. About half an inch only of the blade possesses an edge, so that there is very little danger of the intestine, or any other part except that to be divided, coming in contact with it. 81 shelf 3.
17826.12 Sutures. (see enclosed paper.) Case 80 shelf 5.
17826.14 Double brain electrode. To stimulate brain centers. Devised by Dr. Keen in 1888 & used effectively by him for many years. Presented by Dr. Dr. W. W. Keen. 80-5 "
17826.16 A Case of Chisels used for opening the skull. Used by Dr. W. W. Keen prior to his introduction of the Keen Chisels. Presented by Dr. W. W. Keen. 81 4
17826.18 Bone Scoops. Are used for separating or removing necrosed bone or the contents of suppurative tracts. As scoops can be more accurately employed than other gouging instruments, they are less liable to injure surrounding structures. Presented by Dr. W. C. Goodell. 80 6
17826.20 " " " "
17826.22 " " " "
17826.24 " " " "
17826.26 " " " "
17826.28 " " " "
17826.30 " " " "
17826.32 " " " "
17826.34 " " " "
17826.36 " " " "
17826.38 " " " "
17826.40 Knife with which Dr S. D. Gross performed 70 lateral lithotomies. Presented by Dr. S. D. Gross. — case 62.
17826.42 Specimen Cutter. The two blades may be adjusted to cut strips of tissue in any thickness from a fraction of a mm. up to several cms. Presented by Dr. W. W. Keen. — case 62.

17826.07 Surgical knife with removable wood handle. Purchased at a sale of the belongings of Sir Astley Cooper by John H. Packard. Presented to the Museum by Francis R. Packard Oct. 1935. case 32, shelf 5.

p. 747b

8400.00

Elephantiasis of the Leg.

Presented by Doctor Mütter.

p. 747c

8401.00

Elephantiasis of the Leg.

Presented by Doctor Mütter.

case 80, shelf 4.

17826.00 Catlin's knife. Large and Small. The catlin, a knife with a double edge, used in amputations of the forearm and leg, to divide the soft part between the bones. Enables the operator to cut in both directions, so that when the blade is forced thru between the openings, the tissues may be severed without withdrawing the instrument. (may be severed on both sides.)

Large size

17826.02 " Small size

17826.04 " Small size

17826.06 " Medium size

17826.08 Symphysiotomy knife (Pharniotomy.) Case 81, shelf 6.

17826.10 A knife for dividing the stricture, in the operation for the relief of strangulated hernia. About half an inch only of the blade possesses an edge, so that there is very little danger of the intestine, or any other part apt to be divided, coming in contact with it. 81 shelf 3.

17826.12 Sutures. (see enclosed paper.) Case 80 shelf 5.

17826.14 Double brain electrode. To stimulate brain centers. Devised by Dr Keen in 1888 & used effectively by him for many years. Presented by Dr. W. W. Keen. 80 5 "

17826.16 A Case of Chisels used for opening the skull. Used by Dr. W. W. Keen prior to his introduction of the Keen chisel. Presented by Dr. W. W. Keen. 81 4

17826.18 Bone Scoops. Are used for separating or removing necrosed bone or the contents of suppurative tracts. As scoops can be more accurately employed than other gouging instruments, they are less liable to injure surrounding structures. Presented by Dr. W. C. Goodell. 80 6

17826.20 " " " "

17826.22 " " " "

17826.24 " " " "

17826.26 " " " "

17826.28 " " " "

17826.30 " " " "

17826.32 " " " "

17826.34 " " " "

17826.36 " " " "

17826.38 "

17826.40 Knife with which Dr. S. D. Gross performed 70 lateral lithotomies. Presented by Dr. S. D. Gross. — case 62.

17826.42 Specimen Cutter. The two blades may be adjusted to cut strips of tissue in any thickness from a fraction of a mm. up to several cms. Presented by Dr. W. W. Keen — case 62.

17826.07 Surgical knife with removable wood handle. Purchased at a sale of the belongings of Sir Astley Cooper by John H. Packard. Presented to the Museum by Francis R. Packard Oct. 1935. case 32, shelf 5.

case 80, shelf 4.

17826.00 Catlin's knife. Large and small. The catlin, a knife with a double edge, used in amputations of the forearm and leg, to divide the soft part between the bones. Enables the operator to cut in both directions, so that when the blade is forced thru between the openings, the tissues may be severed without withdrawing the instrument. (may be severed on both sides.)
Large size

17826.02 " small size

17826.04 " small size

17826.06 " medium size

17826.08 Symphysiotomy knife (cesareotomy.) Case 81, shelf 6.

17826.10 A knife for dividing the stricture, in the operation for the relief of strangulated hernia. About half an inch only of the blade possesses an edge, so that there is very little danger of the intestine, or any other part except that to be divided, coming in contact with it. 81 shelf 3.

17826.12 Sutures. (see enclosed paper.) Case 80 shelf 5

17826.14 Double brain electrode. To stimulate brain centers. Devised by Dr Keen in 1888 & used effectively by him for many years. 80 5

17826.16 Presented by Dr. W. W. Keen. " "
A Case of Chisels used for opening the skull. Used by Dr. W. W. Keen prior to his introduction of the Keen chisel. 81 4
Presented by Dr. W. W. Keen.

17826.18 Bone Scoops. Are used for separating or removing necrosed bone or the contents of suppurative tracts. As scoops can be more accurately employed than other gouging instruments, they are less liable to injure surrounding structures. 80 6
Presented by Dr. W. C. Goodell.

17826.20 " " "

17826.22 " " "

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17826.26 " " "

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17826.40 Knife with which Dr. S. D. Gross performed 70 lateral lithotomies. Presented by Dr. S. D. Gross. — case 62.

17826.42 Specimen Cutter. The two blades may be adjusted to cut strips of tissue in any thickness from a fraction of a mm. up to several cms. Presented by Dr. W. W. Keen. — case 62.

17827. 01 Bandage Winder. case 103.

17827. 03 Surgical Case of the late Dr. Wm. L. Hendrie of Wolmesburg was presented to him at the time of the Civil War by his patients in the Hospital at Chestnut Hill where he was stationed at the time. He was an Uncle of Dr. Lloyds. Presented by Susan W. Lloyd. April 12, 1932. case 102.

17827. 05 Air Pumps. case 101.

17827. 07 The arterial pulse movements may be automatically recorded on an enlarged scale by an instrument called a sphygmograph. The advantages of Dudgeon's sphygmograph (1892) are that it magnifies arterial movements 50 times, that they are uniform, that the pressure of the spring may be regulated from one to five ounces; that it may be used with equal facility no matter what the position of the patient, that a tracing of the pulse is quickly made. Belonged to Dr. Tyson. case 101.

17827. 09 Sphygmotonographs - An instrument for recording simultaneously the blood pressure, the carotid or jugular pulse, and the time in fifths of a second. case 101.

17827. 11 An old Dr's bag. Contains nine pewter cups, a scarificator, and a pewter instrument which must have been a lamp.
Presented to the College of Physicians by Dr. Walter B. McKinney, 3123 Queen Lane, Phila. case 101.

17827. 13 A collection of carved horn instruments used by the Japanese women for the purpose of gratifying sexual desire. These instruments were purchased from a family of rank in Japan.
The manufacture and sale of such articles is forbidden by the Japanese government. They are quite rare, and difficult to obtain when found.
Presented by Mr. C. Leland Harrison through Dr. T. K. Ingham. case 77.

17827. 15 Lupi apparatus of Revolving mirrors for Producing Hypnosis. "This is a rather interesting instrument which Lupi used in his practices in Paris to hypnotize a number of patients at the same time, these sitting in a crescentic arrangement in such a position as to look at the revolving mirrors on a shelf or table located at some distance at a level slightly raised above the eyes of the patients. Dr W.C. Wood brought this apparatus from Paris, and some years ago, gave it to me. Extract from a letter from Dr. Chas K. Mills to Mr Charles Perry Fisher April 1925.)
Presented by Dr. Chas. K. Mills April 13, 1925. case 77.

~~17827. 17 Piece of bone from the Battleship "Maine" — case 77.~~

17827. 19 Medicine Man's Stick. — Packard Room

~~17827. 21 Doctor's Sword from Kioto Japan 1896. In old Japan, only the nobility or military classes were allowed the honor of wearing swords, but in some cases, the medical men were so highly thought of, that they were given the privilege of an honorary sword.
Presented by Chas. D. Hart. — case 77.~~

17827. 21 Case of Surgical Instr., including a dozen scalpels. Purchased at a sale of the belongings of Sir Astley Cooper. by John H. ~~by Francis R.~~ Packard. Presented to the Museum by Francis R. Packard Oct. 1935. case 36, shelf 5.

Missing 17827. 00 Dissection Case of Dr. Page. Presented by Edward Sydenham Page to W. W. Ashhurst. Presented by W.W.A. 1889. to Dr. A.P.C. Ashhurst. Presented by Dr. A.P.C. Ashhurst. Case 84, shelf 4.

17827. 02 Moura Bourillons Pharyngoscope. Presented by Dr. J. M. Da Costa. 84-6 "

17827. 04 Instrument Case belonging to Dr. Pancoast. Includes Sim's Sigmoid Catheter for treating recto vagina fistula. case 103

17827. 06 Case containing four bladder sounds. case 103.

17827. 08 Case containing ~~#~~ one dozen (12) catheters. case 103.
Belonged to Dr John Ashhurst Jr.

17827. 10 Surgical Instruments belonging to the late Dr. Jos. P. Mettayer of Richmond ~~Va~~ Va. Deposited by Dr. Geo. Ben. Johnston. Case 103.

17827. 12 Set of instruments. case 103.

17827. 14 Set of instruments. case 103.

17827. 16 Case of Surgical Instruments presented to Prof. Sam. D Gross by E.R.M. Upon the death of Dr. Gross, it was left to Dr J. Ewing Mears. Dr. Mears left it to a friend of his who subsequently gave it to me. Henry Brown Jr. (signed.) case 102.

17827. 18 Case of Surgical Instruments. Belonged to John K. Weir. M.D. case 101.

17827. 20 Case of Instruments, including many scalpels. The Scalpel is the most common form of operating knife. Two kinds — convex and center point. Tenotomes are employed for the subcutaneous incision of tendons, muscles, fasciae, nerves etc. Case also contains bistouries, hernia knives, and gum lancets.
Mr Ware's Style is a silver pin introduced into the nasal duct, after the operation for removing obstruction of that Canal. case 101.

17827. 22 Case of Surgical Instruments. case 101.

17827. 24 Small Battery in a case. Directions for use are on lid. case 101.

17827. 26 Compound Magneto - Electric Machine. For medical purposes. case 101.

17827. 28 Case of Surgical Instruments. Belonged to Dr Wm. Henry Pancoast.

17827. 30 Case of Instruments. Presented by Dr. J. Ewing Mears case 101.
Includes 2 ~~probe~~ slide catch forceps and six probes (bladder sounds.) case 103.

17827. 32 Case of Electrical Appliances for Medical Use.
Formerly belonging to Dr. Wm Goodell. case 102.

17827. 34 Presented by Dr. W.C. Goodell.
Chloride of Silver Dry cell Battery. case 102.

17827. 36 Patent Magneto - Electric Machine for nervous diseases.
Patented Aug 1, 1854. case 102.

17827. 38 Electrical Pump. (Aspirator.) case 102.

~~17827. 40 Two Gold Headed Canes. — Case 77.
One of these canes was the property of Benjamin Rush.~~

17827. 35 — Small Medical Galvanic Battery - Section 101

17827.39 - Pocket case carried for 30 years (1860-1890) by Dr. John Ashhurst Jr.
Presented by Dr. A.P.C. Ashhurst.

17827.40 - Dissecting case.
A.A. Ahler Philadelphia, Pa. Nov. 2, 1851

17827.41 - Dissecting case.
Presented by Dr. Arthur V. Meigs.
("O.J. Wister", on outside of case)

17827.42 - Pocket operating case

17827.43 - " " "

17827.44 - Dissecting case.

17827.45 - Pocket operating case
Made by Wm. Snowden, Philadelphia

17827.46 - Pocket surgical case
Made by J.H. Gemrig & Sons - 109 - 5th St. Phila.

17827.47 - Pocket case - made by D. W. Kolbe Phila.
Formerly belonging to Dr. Geo P. Oliver. Presented by Dr. C.A. Oliver

17827.48 - Dissecting Case

17827.49 - Minor operating pocket set.

17827.50 - Minor operating set made by J.H. Gemrig - 109 So 8th St Philadelphia

17827.51 - Pocket Case made by Chas Lenz & Sons - 18th N. 11th Street Phila.

17827.52 - Pocket Surgical Case made by O. Moeche Fabrik Chirug. Instrumente - Leipzig.

17827.53 - Pocket Case

17827.54 " " Made by G. Tiemann & Co. N.Y.

17827.55 - Pocket Surg. Case - From Dr. Samuel Lewis, May 3, 1873.

17827.57 Surgical Kit. Made by Charriere Period (1835-1840.

17827.58 Microtome knife.

~~17827.~~

17828.01 Urethral Dilators - Made by W. Matthews, Lincolns Inn - London

17828.60 - Urethrotomes and Dilators
Made by J Coxeter & Son - London

17828.00 Double Bistoire. Charriere 1864. It is introduced closed into the bladder, and being then turned with the convexity upwards, the blades are expanded, and both sides of the prostate divided, extending the internal incision to the right of the raphe if necessary. This instrument is superior when a longer incision than usual is required for the removal of a large stone.

17828.02 The short razor which the barbers used both in their special craft, and in surgical operations, is represented by the straight bistoury which we all employ. " (Middle Ages.) 81-6

17828.04 The curved bistouries are required generally for setting up unhealthy sinuses proceeding from badly managed suppurating buboes; for dividing the contracted prepuce in sloughing ulcers of the glans penis; for laying open a fistula in ano etc. 81-6 "

17828.06 Curved sharp pointed bistoury. Pocket Instrument. case 103.

17828.08 " " " " " " " case 103.

17828.50 Squibbs Urinometer. The special feature of this instrument, is that the glass containing jar, ~~which~~ is fluted so that the urinometer will not cling to the sides of the chamber because of capillary attraction. case 101.

17828.52 Two urinometers case 101.

17828.54 Pocket case for testing urine. Sugar test, albumin test, and test for specific gravity. case 102.

17828.56 Small case for testing urine. case 102.

17828.58 The long catheter-like instrument with an attachment resembling a tracheotomy tube, is Sir Henry Thompson's apparatus for establishing a suprapubic urinary fistula in cases of enlarged prostate. Originally owned by Dr. John Ashhurst Jr. Presented by Dr. Astley P.C. Ashhurst. — case 62.

17829.[01] Malatins Sac Forceps. Sac forceps are used to grasp & hold a collapsed cyst after its contents have been evacuated. case 101.

17829.[03] " " "

17829.[05] " " "

17829.[07] Sim's Polypus Forceps. are required for the removal of small pedunculated tumors by a simple avulsion. case 102.

17829.[09] Forceps. Presented by Dr. W.C. Goodell. case 102.

17829.[11] Hemostat. case 102.

17829.[13] Artery Forceps. case 102.

17829.[15] " " . "

17829.[17] " " . "

17829.[19] " " . "

17829.[21] Caliper. "

17829.[23] Tissue Forceps. "

17829.[25] Forceps. "

17829.[27] Double Hemostatic Clamps. "

17829.[29] Caliper. "

17829.[31] Hemostatic Clamps. "

17829.[33] Forceps. "

17829.[35] Delicate Tissue Forceps. ".

17829.[37] Twelve Mosquito ~~Forceps~~ Hemostats. case 102.

17829.[39] Sixteen Hemostats. In 1860, there were no artery forceps. Hemorrhage was arrested by seizing artery after artery, by a tenaculum, & tying it with silk. case 102.

17829.[41] Plain Compression Forceps. Case 102.

17829.[43] Tissue Forceps. case 102.

17829.[00] Plain dressing forceps. case 102.

17829.[02] Thumb Forceps. Blunt instruments, particularly forceps differ little from today. case 102.

17829.[04] " "

17829.[06] "

17829.[08] Oesophagus Forceps. (Dr Bond ?) Formerly belonging to Dr. Wm. Goodell. Presented by Dr. W.C. Goodell. case 102.

17829.[10] " "

17829.[12] " "

17829.[14] " "

17829.[16] Tissue forceps serve to hold minute particles during excision and to lift up and steady layers of soft tissue. Mouse-tooth three teeth, tissue (several fine teeth). Senn's slide catch tissue forceps (may be used for hemostatic purposes in emergencies. case 102.

17829.[18] Tissue forceps. "

17829.[20] " " "

17829.[22] " " "

17829.[24] Senn's Slide Catch. "

17829.[26] " " " "

17829.[28] Mouse tooth forceps. "

17829.[30] Emmet's Scissors. (Slightly curved to the right.) are available for trachelorrhaphy, closure of fistulas, and plastic operations. Being blunt on the edge as well as curved on the flat, they enable the operator to form lines of incision in almost any direction. Formerly belonging to Dr. Wm. Goodell. Presented by Mrs. W.C. Goodell. case 102.

17829.[32] Scissors. Presented by same. "

17829.[34] " " "

17829.[36] " " see 17179.[62] "

17829.[38] " " "

17829.[40] " " "

17829.[42] " " "

17829.[44] " " "

17829.[46] " " "

17829.[48] " " "

17829.[50] " " "

17829.[52] " " "

17829.[54] Four pair of scissors. case 101.

The following instruments were given by Dr. J. Solis-Cohen to Dr Delavan for his Museum in New York City, and returned to Dr Myer Solis-Cohen for deposit in the Mütter Museum

17830.00 Special Tracheotomy Tube.
17830.01 Cautery Snares with long handles. (4).
17830.02 Cautery Snare.
17830.03 Cautery Snare with Handle.
17830.04 Hard Rubber Electric Cautery for Larynx.
17830.05 Ivory Cautery Handle for Caustic Snare.
17830.06 Galvanic Cautery (broken).
17830.07 Laryngeal Dilator.
17830.08 Laryngeal Dilator (hard rubber).
17830.09 Four Finger Guards
17830.10 Two Tongue Depressors (hard rubber).
17830.11 Metal Tongue Depressor.
17830.12 Square Mirror for Auto-Laryngoscopic
17830.13 Original Electric Cautery Handle of Dr. J. Solis-Cohen (1868?).
17830.14 Handle for Galvano-Cautery Snare.
17830.15 Palate Retractor.
17830.16 Mouth Gag.
17830.17 Mouth Gag.
17830.18 Moura-Bourouillon's Pharyngoscope and Handle.
17830.19 Tongue Depressor (hard rubber).
17830.20 Tracheal Cannula Introducer.
17830.21 Tracheal Cannula Introducer.
17830.22 Dilator for expanding Tracheotomy Incision.
17830.23 Palate Retractor.
17830.24 Durhams Tracheal Cannula.
17830.25 Durhams Tracheal Cannula.
17830.26 Tracheotomy Tube.
17830.27 Tracheotomy Tube.
17830.28 Electric lamp for examination of Trachea.
17830.29 Two Steel Mirrors for " " " .
17830.30 Two Palate Retractors (incomplete).
17830.31 Orthodontic appliance for raising the bite or splinting the jaw.
17830.32 - Blood pressure apparatus belonging to Dr. James Tyson. Beneath back table in laboratory
17830.33 - "Souvenir from Germany." Case of "first aid" instruments taken from a German Storehouse. Captured and brought from Metz by A. Vernon Harg. A.E.F. 1917.
Presented by Dr. Hubley R. Owen. Feb. 27, 1940.
17830.311 Sphygmomanometer - Closet C - Case 77

This entire collection is in Case 4B.

17830.34. Apparatus for Active and Passive Flexion and Extension of the finger, wrist and elbow.
Purpose: A - To prevent or overcome fibrosis in above joints.
B - To maintain nutrition in the muscles producing flexion of the fingers, wrist and elbow joints, and to aid in their re-education when function is returning after paralysis.

How the Apparatus is Used:
A. The padded hand-piece may be adjusted to hold the forearm below the elbow, the entire hand or any or all fingers at any joint. It may be made to move through a great or small angle by shifting backward or forward the pin which fastens the hand piece to the connecting-rod.

History: A. Designed by John H. Arnett, 1st Lt. M.C. while on duty on the Neuro-surgical service of U.S.A. General Hospital number 41, Fox Hills, Staten Island, New York.
B. Constructed by Thomas W. Hutton, Civilian Employe in the Occupational Therapy Department of the Hospital.
Located on lower floor of Mütter Museum.

17830.35 - Erethizon dorsatus. (Canadian porcupine)
Part of a skeleton; skull, vertebral column, tail and 2 feet. Sec. 79 - Shelf. 3.

17830.36 - A, B, C, D, E. Five sections of the Thorax and Abdomen. Made of plaster and colored. Each section mounted on black wooden mount.
Presented by Dr. Wm Egbert Robertson. Oct. 10, 1940

17830.37. Rodentia:
Lepus townsendii. (white-tailed jackrabbit:)
Presented by Dr. Wm Egbert Robertson, Oct. 10, 1940.

17830.38 - Lepus townsendii - (white-tailed jackrabbit) skull
Presented by Dr. William Egbert Robertson - Oct. 10, 1940.

17830.39, 17830.40, 17830.41 Sciurus carolinensis - Grey squirrel skulls.
Presented by Dr. William Egbert Robertson Oct. 10, 1940.

17830.42 - Jamiasciurus hudsonicus. Small red squirrel skull.
Presented by Dr. William Egbert Robertson Oct. 10, 1940

17830.43, 17830.44, 17830.45 Ondatra zibethica. Skulls of muskrat.
Presented by Dr. William Egbert Robertson Oct. 10, 1940

17830.46 - This is a package which contains Microscopic Slides showing different types of tumors, Leprosy, Syphilis and Tuberculosis. Being prepared in 1883-1884-1885 by such doctors as Evans - Ochsner, Watson, Beerly Brinton, Wilson, Morton, Musser Livingston, Werner, Brinton, Wilson Hutchinson, Pancoast (over)

Da Costa, Cope, Agnew and Hunt, they are of historical interest although no longer of any value as microscopic preparations.
On October 24, 1940 the Minter Museum Committee decided to keep them and have them stored in the Museum Storeroom.

17830.47 - 15 Plaster casts of abnormal dentures
{ 2 presented by Dr. J. E. Mears
{ 1 " " Dr. W. S. Kelly
{ 12 unidentified.
Put in storeroom.

17830.48 - Walrus (Odobenus rosmarus)
Os penis - Baculum -
Penis bone of a walrus.
This found in the storeroom Oct. 1940 & put on display in Cryer case.

17830.49 - Parts of a skeleton - Skull, thorax - right and left arm and hand, right tibia and fibula and foot and one femur.
Storeroom - all in one carton.

17830.50 - Parietal bone - Case 87 - Shelf - 1
17830.51 " " " " "
17830.52 - Calvarium showing Trephining. (Taken from Store-room 1940)
Case 4 - Shelf 6

17830.53 - Calvarium - Fracture of the left parietal and Occipital bones. (Taken from Storeroom Oct. 1940:
Case 82 - Shelf 3

17830.54 - Calvarium of the skull of a juvenile with relatively large anterior fontanelle (Taken from Storeroom 1940)
Section 28, Shelf 3

17830.55 - Upper and lower jaw of a shark. (Taken from Storeroom 1940)
Section 79 - Shelf 4

17830.56 - 5 boxes of microscopic slides from the Pathological Lab. of the University of Pennsylvania, prepared by Dr. A. P. C. Ashhurst. 1897-1898-1900.
Store room - case 2 - Shelf 1

17830.57 - 5 boxes of Histological Microscopic slides prepared by Dr. A. P. C. Ashhurst 1900. - Storeroom Case 2 - Shelf 1

17830.58 - Box of Miscellaneous slides from the Histological Lab. of the University of Pennsylvania.

17830.59 - 5 Boxes of microscopic preparations purchased from Prof. Hyrtl. ~~24 Pathol~~ See Vol. I Pages 423-425 427-429-431-433
Storeroom - case 2 Shelf 1

17830.60 - Two nose splints. The padding has been removed from one. Case 80 Sh. 4
Taken from Storeroom Oct. 1940

17830.69 Microtome - An instrument for cutting thin slices for microscopic study - Sec. 81 - Sh. 3

17830.61 - Heads of rattlesnakes. Case 79 - Sh. 4

17830.62 - Rattles of rattlesnakes. Case 79 - Sh 4

Turn to Pg. 760

Groups of Photographs See Page 431

15800 Atlas of about ~~150~~ 400 beautiful histological, pathological, and zoological photomicrographs from the United States Medical Museum in Washington.
drawer A2 bottom case 77
~~and A-3~~.

15801 Plates from Mitchell and Reichert's Monograph on Cattle Snakes and Vermin published by the Smithsonian Institute.
Sec. 77, drawer B-1

15802 Anatomical and other plates from the "Encyclographie des Sciences Medicales".
Sec 77, drawer B-3

~~15803~~ This No. applied to Package of photo. "Diseases of the Face & Jaw." ~~Unidentified photographs, mostly of diseases of the face and jaw. No names of patients; no dates~~
~~Sec 77, drawer A-2~~

15804 Two or more series of plates from McClellan's Anatomy
Sec 77, drawer B-1

15805. A package of photographs Surg. Path. Pathological and surgical pictures. Some bear Doctor Packard's name as donor. (2 packages)
Sec 77, drawer A-5.

15806. Applies to Pkg. of photographs Surg. & Path. ~~Legs by a sculpture showing emotions.~~
~~Sec 77, drawer B-1~~

15807 Anatomical illustrations
Sec 77, drawer B-2.

15808 Applies to pkg. Containing Congenital malformations & deformities ~~Very interesting miscellaneous illustrations on surgery and pathology - mostly pathological. Some gynecological and obstetrical~~
Sec 77, drawer A-7

15809. Applies to pkg. of photo. showing monsters. ~~Mostly Anatomical & surgical; some pathological.~~
~~Sec 77, drawer A-6~~

15810 Renumbered see Page 762 Also other photographs of Monsters. Two portfolios: Atlas of pictures of monstrosities which form the basis of the atlas by Hirst and Piersol. Presented by Dr. B. C. Hirst.
Sec 77, drawer B-1

15811' Portfolio of large charts

See Page 438

a. showing dissections of the Siamese Twins.

b. large charts of surgical and anatomical interest. Presented by Dr. George C. Oliver.

c. charts of Reynaud's disease and other nervous disturbances.

sec 77, drawer B-7.

d. anatomical charts

e. patella. Belonged to Dr. Levie. By J. Madison Taylor, M. D. 1882.

f. 3 illustrations of dislocations

g. 7 charts on comparative anatomy

h. 6 charts - facial expressions probably taken from the book by Sir Charles Bell.

15812' Photomicrographs by Dr. William M. Gray of the Army Medical Museum Illustrating Dr. G. E. de Schweinitz's case of neuroma of the eyelid.

Sec 77, drawer A-2

15813' Photomicrographs of diseases of the nervous system.

Sec 77, drawer A-2

15814' 5 photographs presented by F. P. Henry, made by Dr. C. L. Leonard

1. shows the movements of a single filaria during a series of four successive instantaneous exposures. The length of each exposure was one-fifth of a second, the entire series occupying less than five seconds. The mag. is to 800 diameters with a Zeiss one-twelfth homogeneous immersion lens. - Filaria sanguinis hominis nocturna.

2. Filaria sanguinis hominis nocturna. Filaria alive in the blood. Instantaneous photomicrograph. 400 diameters - 4 millimeters Zeiss apochromatic.

3. Filaria sanguinis hominis nocturna: - same as number 2, magnified to 1500 diameters showing structure and commencing granular degeneration.

4. Filaria sanguinis hominis nocturna Tail of filaria showing sheath extending beyond the apparent end of the tail. 800 diameters

5. Filaria sanguinis hominis nocturna. Head of a living filaria. The blur in front of the head is probably due to the action of cilia.

Sec 77, drawer A-2.

15815' Photomicrographs of diseases of the eye. ~~Formerly belonged to Dr. George P. Oliver Presented by Dr. C. A. Oliver.~~

Sec 77, drawer B-1

15816' Doctor Harris's pictures of Ovariotomy in Shanghai.

Sec 77, drawer A-2

15817' Excellent atlas of obstetrics. (2 packages)

Sec 77, drawer B-3.

15818' Atlas of nervous system and other things. deposited in the Müller Museum by Doctor Hodge

Sec 77, drawer B-1

15819' scrap books and Album of Histological photomicrographs of optic tissues ~~mostly~~ some by Dr. George Piersol and collected by Dr. James Wallace, and Dr. Wm. F. Norris. (6 packages) Sec 77, drawers B-4 & B-5

~~15820 orthopedics, surgery and skiagraphs of the joints~~

Sec 77, drawer B-2

15821' Photographs of sections of the brain.

Sec 77, drawer B-1

15822' Surgical, orthopedical ~~and dermatological~~ (1 packages

Sec 77, drawer A-5

15823' Surgical and pathological; chiefly of Dr. John Ashhurst's collecting.

Sec 77, drawer A-5

15824' Atlas of Female Pelvi.

Sec 77, drawer B-3

15825' Tumors.

15826 Skin and venereal diseases

17830.62 Sand Glass Timer - Case 81 - Shelf 4.

17830.63 - Small silver applicator. A light instrument. Two tiny hands brought together by a sliding ring, for holding a crystal for local application. Case 81 Sh. 4

17830.64 Hook and Spatula - Case 81 - Sh. 4

17830.65 Small Applicator - Case 81 - Sh. 4

17830.66 Stop Speculum, for separating the lids of the eyes. Case 4

17830.67 Spring Lancet - At one time the property of Judge Rankin of Lebanon Co. Pa.

17830.68 " " " " " "

Presented by his grandson C. R. Rankin Oct. 29, 1940

17830.69 See Pg. 156 Vol. III - Microtome.

17830.70 Six sections of the brain (model) sectioned from lateral to Mesial aspect of the hemispheres to show cortical gray matter with its connections to the internal capsule.

a, B, C, D, E, F. Found in Store room and identified by Dr. Helen Riggs, Jan. 1941

17830.71 Tracts of brain stems from Lothrop, in:

a, B, C, D, E, F. Antero posterior view of lateral surfaces. (Six models) Found in store room - Identified by Dr. Helen Riggs - January 1941.

17830.72 Three vertebrae found in the store room with no identification. They appear to show Tuberculosis.

17830.73 - Cross section of a portion of the spinal column found in the storeroom. It shows a crushing fracture involving four vertebrae.

17830.74 - Cervical Vertebra United fracture

17830.75 - Saught Blood Pressure apparatus

17830.76 Small Insufflator - for blowing powder, vapor gas or air into a cavity

Presented by Dr. Elliston J. Morris " " " " " "

17830.77 Centrifuge (with tubes) operated by water power.

17830.78 " " " " " operated by hand. Dr. Elliston J. Morris 4/9/1941

17830.79 Small forceps. These appear to be hand-forged

17830.80 Three Levis Metallic Splints.

17830.81 Clavicle (adult) - Maxilla (adult)

17830.82 " (children)

All presented by Dr. Elliston J. Morris - Apr. 9, 1941

17830.83 Clinical Thermometer

17830.84 Fahrenheit Thermometer.

17830.85 - Box containing rolls of Original Adhesive tape (1886) Brought from Edinburgh in 1886 by Dr. Elliston J. Morris.

17830.86 Bandage Winder - Pres. by Dr. Elliston J. Morris 4/9/1941

15827 - Photographs of a large variety of splints and apparatus for correcting deformities, used in the United States Army during the World War. Pres. by John Arnett, M. D. Sec. 77 - Dr. B - 5

15828 - Series of plates from an Atlas showing morbid and Anatomical lesions of the large and small intestines. Sec. 77 - Dr. A - 6

15829 - Illustrations from the Surgeon General's Office - One large package - 5 smaller packages.

17830.87 - Galvanic Battery Set. Pres. by Dr. J. E. Morris April 9, 1941

17830.88 - Sphygmograph. At one time the property of J. Chesten Morris, M. D. Presented by Dr. Elliston J. Morris (his grandson) April 9, 1941.

17830.89 - A wooden Stethoscope. A Clinical thermometer is contained in the hollow cylinder and the metal base folds up for convenience in carrying. Presented by David W. Ashkenaz, Ph. D. 3/31/1941

17830.90 - Stethoscope in three parts. These may be fitted together, but are separated for convenience in carrying. Presented by Dr. Meyer Solis-Cohen. 3/25/1941.

4/9/1941

17830.91 - Hydroclyse. (French manufacture) (Two)

17830.92 Rectal Syringe, at one time the property of Dr. J. Chesten Morris. Presented by Dr. Elliston J. Morris.

15805- 15806

Surgical and Pathological Illustrations.

15805-

1 Photograph showing the escape of the bowel through hernial ulceration.
2. Photograph of Hodgkin's Disease. Pres. by Dr. Wm. Osler.
3- Photograph showing Dr. Hart's case of Hydrocele. Entire sac dissected out.
4- Photograph showing a patient on whom Lithotomy was performed by Dr. Pancoast.
5- Drawing showing fracture of the Ilium with Rupture of the Abdominal Wall. Dr. A.P.C. Ashhurst.
6. Photograph of the Extension Splint devised by Dr. F. Ey
7-

763

17830.93 A & B.
(A) FRENCH MASKS. M. 2-mask in general use in French Army during the greater part of the war. Air filters through impregnated material of the mask. No valves. Used as reserve mask in the American Army until latter months of war. After that, used in back areas only.

(B) A.R.S. Special mask used in French Army in last campaign of the war. Bears superficial resemblance to German Mask bu contains inspiratory and expiratory valves.
Deposited by Clifford B. Farr.
Location- Section 57.

17830.94
GERMAN GAS MASK. Air filters through a detachable can containing absorptive material. An extra can was carried at the belt and extra eyepieces on the lid of the container. Note the almost complete absence of rubber. No. 204.
Presented by U.S. Base Hospital #10.Pennsylvania Hospital Unit.
Location- Section 58.

17830.95
GERMAN MASK FOR HEAD WOUNDS. A combination of the usual gas mask with the protection helmet for those wounded in the head in such a way that the ordinary mask could not be properly applied. Found in German Field Ambulance on the Somme by Captain Samuel Beadbury. No. 205.
Presented by U.S. Base Hospital #10. Pennsylvania Hospital Unit.
Location-Section 59.

17830.96
BRITISH GAS MASK. BOX RESPIRATOR TYPE. This is the same as that issued to the American Expeditionary Force. By means of a mouth valve, air was inspired through the can containing absorbing material. Nasal respiration prevented by a nose clip. When carried at "the alert", regulation required that it should be capable of adjustment for use in less than 7 seconds. It was expected to be good for 24 hours inheavy concentration, and a card for record of use was attached. No. 202.
Presented by U.S Base Hospital # 10. Pennsylvania Hospital Unit.
Location- Section 59.

765

17830.97
BRITISH GAS MASK "P.G." Earlier form of Protective Helmet used against asphyxiating gases. This was placed over the head and drawn tightly about the neck. The respired air passed through the meshed of the impregnated material. It was still being used together with the newer form in the summer of 1917. No.200.
Presented by U.S. Base Hopstial #10. Pennsylvania Hospital Unit.
Location- Section 59.

17830.98
GERMAN HELMET. WIth attachment for visor which was seldom used. It afforded protection to the lower part of the head, but was considered to present a less glancing surface against shrapnel. (Note camouflage). No. 203.
Presented by U.S. Base Hospital # 10. Pennsylvania Hospital Unit.
Location- Section 60.

17830.99
BRITISH HELMET. This form, popularly known as the "Tin Hat", is the same as that issued to the American Expeditionary Force. This helmet (belonging to Pte. F.D. 12-3292.) bears the marks of a rifle bullet with small entrance hole, and a jagged hole of exit. The wearer escaped with a slight scalp wound 29-9-18, and was discharged to Convalescent Camp in three days. Weight 34 oz. No. 201.
Presented by U.S. Base Hospital #10. Pennsylvania Hospital Unit.
Location- Section 60.

17831.00
FRENCH HELMET. French infantry helmet as designated by the grenade and letters R.F. (Republique Francais). Weight 28 ounces. No. 206.
Presented by U.S. Base Hospital #10. Pennsylvania Hospital Unit.
Location-Section 60.

966

17831.01 ITALIAN HELMET. Used by a man who went over seas with the first Y.M.C.A. unit from Newark, N.J. in the last World War.
Presented by Mr. Robert Muir, May 23, 1941.
Location- Section 60.

17831.02 MICROSCOPIC SLIDE. BREAST SLIDE SHOWING AN EXTREMELY INTERESTING PICTURE OF A CARCINOMA AND A FIBRO-ADENOMA LYING IN INTIMATE CONTACT. A.S. age unknown; married, never pregnant. Duration of tumor said to be five years. If the data as to duration is correct the fibroadneoma was there first.
Presented by Dr. J. M. Wainwright.
Location- Section 63.

17831.03 MICROSCOPIC SLIDE. A LARGE FIBROADENOMA AND ALSO A MALIGNANT DUCT PAPILLOMA ON THE OTHER SIDE OF THE DUCT CONE.
M.C. Abstract of clinical history. Operated on by Dr. T.F.Manley, Norwich, N.Y. 42. S. Family history negative. Admitted to the hospital March 9,1931 for an infection of the knee-joint. Patient told Dr. Manley at that time that she had noticed a lump in her breast since September 1930 and was told that she had mastitis. The tumors were noted clinically by Dr. Manley and were considered malignant. Radical operation March 11, 1931. Patient died April 4, 1931, of general sepsis which Dr. Manley considered originated in the knee-joint.
Dr. Wainwright says," It is am example of multiple tumors of the breast and is also another good clinical illustration of the fact that no matter how definitely one tumor in a breast is benign clincially, it does not by any means indicate that another tumor which may be felt is also benign.
Presented by Dr. J. M. Wainwright.
Location- Section 63. Date of accessions unknown. Never before catalogued.

768

17831.04

MICROSCOPIC SLIDE. A BREAST COMPLETELY INVOLVED BY CANCER AND WHICH ALSO SHOWS A PAGET'S DISEASE OF THE NIPPLE, A SQUAMOUS EPITHELIOMA.

A.C. Clinical history. Paget's disease. 40, married. Simple removal of left breast at Lankenau Hospital, Philadelphia, Pa September 27, 1930. Born in Ireland. Duration of marriage unknown. Never pregnant. Still menstruating. Family history negative for cancer. No history of injury. Noticed mass in left breast for two months and nipple has been retracting for about the same time. Clinically no ulceration of the nipple is recorded and a careful gross pathological examination of the breast removed records that the nipple is retracted but does not describe any ulceration.

Dr. Wainwright's idea is, that in such cases as this, the enormous amount of disease in the breast itself must have been growing long before the nipple began to show this early involvement, and he believes that these cases of malignant change in the nipple are caused by the harmful influence of cancer cells approaching from below, probably a biochemical process, and is not caused by direct permeation from below.

Presented by Dr J. M. Wainwright.
Location- Section 63.

17831.05

MICROSCOPIC SLIDE. TUMOR IN CENTRAL PORTION OF RIGHT BREAST ABOUT TWO INCHES IN DIAMETER. RADICAL OPER ATION. N.R. 51 years old. Married 14 years. One child eleven years old. Nursed 12 months with no difficulty. Menopause two years ago Noticed tumor five months ago.

Characteristics of slide: Entire breast, skin, nipple, muscle and axillary contents showing. Practically the entire breast is involved in malignant infiltration. Extensive diffuse involvement in axilla. Proncipal interest is the spread of malignant process by connective tissue septa. Septa can be seen in all directions in the tumor tissue carrying "running away cell" to the skin, muscle and axillary region. There are numerous deposits of malignant cells in the subcutaneous tissue. There is especially well demonstrated an almost continuous chain of deposits nearly the entire length of the fascia overthe underlying piece of muscle. There is also extensive direct spread of malignant cells up into the nipple and between the papillae, but there is is no evidence of change in the malignant tissue itself. Presented by Dr. J.M.Wainwright.
Location- Section 63.

17831.06
MICROSCOPIC SLIDE. A SLIDE SHOWING THE SPREAD OF CANCER FROM THE PRIMARY GROWTH BY CINNECTIVE TISSUE SEPTA.
M.T. was married, 46 years old, never pregnant, duration of tumor said to be eleven years. Notice the septa actively carrying cells down to the muscles and up to the subcutaneous tissue.
Presented by- Dr. J. M. Wainwright.
Location- Section 63.

17831.07
MICROSCOPIC SLIDE. BREAST TUMOR. E.N. Clinical history. 34, married, three children, 6 and 4 years and one 18 months. Operated on December 4, 1931. At that time it was a very large mass, nipple retracted, skin reddened but not ulcerated, and numerous glands were felt in axilla andabove and below clavicle. The tumor was first noticed in June 1930 at which time she was nursing her last baby, and for a time the condition was considered to be caked breast.
Attention is called to the fact that the first stage for axillary glands in the breast is on the anterior surface of the pectoralis major muscle and not back of the muscle in the axilla.

Location- Section 63.

17831.08
3 Microscopic slide. PAGET'S DISEASE OF BOTH BREASTS. E.T. Clinical history. Born July 18, 1885. Married 1914. Two children 14 and 16 years. Labors uneventful. One miscarriage four years ago. Did not nurse first child at all. Nursed second child ten months, without any complications. No cancer in parents or grandparents. Father died at 40 of heart. Mother 70, well. One sister aged 48 said to have ulcers of the stomach. A sister of patient's father died at 70; said to be cancer of the stomach.
Patient thin and anemic, 5 feet tall, weight 108.
In April, 1931 noticed a lump in right breast involving the nipple. Consulted a physician who said it was a cyst and advised hot applications. Second mass below the right nipple. Again consulted a physician and was advised local applications. Latter part of September noticed swelling in left breast. Again consulted physician who advised further local applications and to return in a few weeks. Both masses rapidly increased in size and on the fourth visit early in November to family physician he advised removal. Pres. by Dr. J.M.Wainwright. Section 63,

772

17831.09 MICROSCOPIC SLIDE. CANCER OF THE BREAST. SLIDE 2656.

S.L. married, seven children, nursed them all about fifteen months with no difficulty. According to the history she gave, she had no breast trouble until two months before operation when the entire breast became sore, swollen and inflammed. At operation there was very marked deep thivkrning in the breast so that a deep cancer was apparent, and the entire skin was reddened, brawny and inflammed around the nipple, and for practically the whole lower half of the breast. Dr. Wainwright believed this to be a diffused skin involvement with intercurrent acute inflammation, and does not consider it true Paget's.
Presented by Dr. J. M. Wainwright.
Location- Section 63.

17831.10 MICROSCOPIC BREAST SLIDE, SHOWING CANCER OF AN ORDINARY SCIRRHUS TYPE.
Patient S. M. 56 years old. Left breast was amputated for cancer of an ordinary scirrhus type, July 10, 1931. It is not definite as to when the right side became involved. The right breast was removed by another surgeon September 1932. The entire breast sgows a very interesting picture. Dr. Wainwright believes that this is a secondary process in the right breast. Probably the nipple involvement is from below and that it is not a true Paget's.
Presented by Dr. J. M. Wainwright.
Location- Section 63.

17831.11 MICROSCOPIC SLIDE . BREAST SLIDE. CASE of S. W.
There is no history found with this slide.
Presented by Dr. J. M. Wainwright.
Location- Section 63.

17831.12 Skull of a child with a part of the outer table removed. Section 78. Shelf 3.

17831.13 Syringe manufactured sometime between 1857 and 1881. Formerly belonged to Howard W. Lewis. The directions for use w were printed by Young and Duross located at 3 Blackhorse Alley. This little street still remains in Philadelphia. It runs from 24 So. Front St. to So. 2nd St.
Presented by Mrs. Mabel Potter Lewis.
Sept. 1941.
Location

17831.14 12 Arm hand and foot specimens. A series of surgically dissected specimens. These jars had no labels and no record of such specimens could be found in the catalogue compiled by Dr. Guy Hinsdale. Some of them had numered tags, 1 to 12 with 1, 10 and 12 missing; also four digit figures, none of which could be found in any catalogue. There are 10 hand and arm specimens and two of the feet. These were given the number 17831.14 and individually numbered 1 to 12. At present they are located in case 32, until this space is needed for more valuable specimens.

17831.15 A case of cupping instruments containing 2 scarificators, a spirit lamp and 7 cupping glasses. Also 19 separate cupping glasses.
Presented by Dr. W. E. Chamberlain.
Location- The case is in Section 103.
The 19 cupping glasses packed in a box in the storeroom.

17831.16 CALVARIUM. CONGENITAL DEFORMITY. Areas of parietal thinning are shown. This specimen was found in the storeroom identified by Dr. Schaeffer as a congenita defect November 1941.
Location-Section 8/

17831.17 DENTAL INSTRUMENT. ORDINARY TOOTH FORCEPS. From storeroom.
Location-Section 80. Shelf 4.

17831.18 DENTAL INSTRUMENT. ORDINARY SINGLE JOINTED ROOT FORCEPS. From Storeroom.
Location- Section 80. Shelf 4.

17831.19 An ELECTRIC CAUTERY. From storeroom.
Location-Section 80. Shelf 5.

17831.20 OTOSCOPS WITH EXTRA SPECULUM. From storeroom.
Location-Section 103.

17831.21
17831.22
17831.23 Three Urethrotomes. Two types. From the storeroom.
Location- Section 101. Shelf 5.

17831.24 COMFRERE'S LITHOTOME. From the storeroom.
Location- Section 81 Shelf 6.

17831.25 Stearns' Urethral Dilator. From the storeroom.
Location-Section 80. Shelf 3.

17831.26 ABDOMINAL TROCAR. FROM the storeroom.
Location- Section 102. Shelf 1

17831.27 SIMON'S WIRE TWISTER with two eyes.
From the storeroom.
Location- Section 80. Shelf 4.

17831.28 RONGEUR FORCEPS, a form of gouge forceps
or nippers. Frommthe storeroom.
Location- Section 101.

17831.29 FLEAM. A veterinary bleeding instrument.
a lancet. Two blades encased in a brass
case. From the storeroom.
Location-Section 103.

17831.30 SQUIRE'S CATHETER with a flexible wire
end. From the store room.
Location-Section 101.

17831.31 CAUSTIC CARRIER. FROM THE STOREROOM.
Location-Section 81. Shelf 4.

17831.32 ATLEE'S HYSTEROTOME. From the storeroom.
Location- Section 81. Shelf 5.

17831.33 LITHOTOMY SCOOP. From the storeroom.
Location- Section 80. Shelf 5.

17831.34 GROOVE DIRECTOR. From the storeroom.
Location-Section 101.

17831.34 FILIFORM(bougie for applying caustic). From the storeroom. Location- Section 81. Shelf 4.

17831.35 HERNIA BISTOURY. From the storeroom. Location-Section 81. Shelf 6.

17831.36 Two FEMALE CATHETERS. From the storeroom. Location- Section 101.

17831.37 TOURNIQUET. From the storeroom. Location- Section 101.

17831.38 FORCEPS. From the storeroom. Location- Section 102.

17831.39 ALCOHOLOMETER. An instrument for finding the percentage of alcohol in any substance. From storeroom. Location 64.

17831.40 CLINICAL THERMOMETER. From the storeroom. Location- Section 64.

17831.41 A TURN-TABLE for making a neat seal around the edge of the round glass covering of a microscopic specimen on a microscopic slide. From the storeroom Location-Section 81. Shelf 4.

17831.42

The following instruments are individually labelled and are all in one wooden box bearing the number 17831.42. They were presented By Dr. J. M. DaCosta. They were found in the storeroom in November 1941 and seemed never to have been catalogued. A great number were unlike any displayed on the Museum shelves so these were given individual numbers and put in the cases, while the ones in this box were not thought to be of especial interest due to the fact that a number of similar instruments were already displayed. These, therefore, all bear the number 17831.42 and the name written on each.

toreroom

helf

7 spring lancets.
1 very old thumblancet with two blades
3 thumb lancets
1 gum lancet
3 curved bistouries
1 vaccination kit
1 hypodermic syringe
6 thumb lancets in a case
1 bone hook
1 long curved bistoury
1 cautery iron
2 amputating knives
1 nitrate of silver applicator
1 trocar
2 dressing forceps
2 retractors
1 lithotomy sound
1 steel probe
2 needle holders
1 female catheter
5 haemostatic forceps.

Parts of instruments.

2 handles
Half a forcep.
Wires
Saw blade
File
Hook and two knife blades.(no handels)

17831.43 TENACULUM FORCEPS.
Presented by Dr. J. M. DaCosta.
Location-Section 101.

17831.44 EPIGLOTTIS FORCEPS.
Presented by Dr. J. M. DaCosta.
Location- Section 81. Shelf 4.

17831.45 CURETTE and HOOK.
Presented by Dr. J. M. DaCosta.
Location- Section 81. Shelf 3.

17831.46 CHARRIERE'S ARTICULATED SCOOP FOR dragging forward an onstruction in the male urethra.
Presented by- Dr. J. M. DaCosta.
Location- Section 80. Shelf 3.

17831.47
17831.48 CAUSTIC CARRIERS.
Presented by Dr. J. M. DaCosta.
Location- Section 81. Shelf 4.

17831.49 SPONGE HOLDER.
Presented by Dr. J. M. DaCosta.
Location- Section 80. Shelf 6.

17831.50 NEEDLE THREADER.
Presented by Dr. J. M. DaCosta.
Location- Section 102.

17831 51 Two DESCHAMP'S Sharp pointed ANEURISM NEEDLES.
Presented by Dr. J. M. DaCosta.
Location- Section 81. Shelf 6.

17831.52 Hunter's or Civale's Forceps for removing stones from the urethra. 2 and 3 blades (incompete).
Presented by- Dr. J. M DaCosta.
Location- Section 102.

17831.53 POLYPUS FORCEPS.
Presented by- Dr. J. M. DaCosta.
Location- Section 102.

17831.54 COMBINATION NEEDLE HOLDER AND FORCEPS.
Presented by- Dr. J. M. DaCosta.
Location- Section 102.

17831.55 BONE SCRAPER.
Presented by Dr. J. M. DaCosta.
Location-mSection 80. Shelf 6.

17831.56 TONSILLOTOME.
Presented by- Dr. J. M. DaCosta.
Location- Section 81. Shelf 4.

17831.57 KRAMER'S BIVALVE EAR SPECULUM
Presented by Dr. J. M. DaCosta.
Location- Section 81. Shelf 6.

17831.58- Box containing Specula from Drs. Meigs, Goodell & Da Costa.

Quatri valve metal speculum.
Bi-valve metal speculum.
Presented by Dr. Arthur V. Meigs.

Conical metal speculum
Tubular horn speculum
Formerly the property of Dr. Wm Goodell
Presented by Dr. Wm C. Goodell.

Metal tubular speculum
Three parts of a metal speculum.
Presented by Dr. J. M. DaCosta.

17831.59- Four Glass Specula (tubular - various sizes)
Presented by Dr. J. M. DaCosta

17831.60- Earliest form of Albert Smith's Vaginal speculum.
Presented by Dr. J. M. DaCosta.

17831.61- Later form of Albert Smith's Vaginal Speculum
Presented by Dr. J. M. DaCosta.

17831.62- Bi-valve speculum formerly belonging to Dr. Wm Goodell.
Presented by Dr. Wm C. Goodell.

17831.63- Dawson's modification of Erich's speculum, formerly belonging to Dr. Wm Goodell.
Presented by Dr. Wm C. Goodell.

17831.64- Bone Cutting forceps.

17831.641 Weiss' Lithotrite (1871)

17831.65- Speaking Tube - Many modifications have been made of this aid. It's origin dates back to antiquity.
Section 65 Presented by Dr. Douglas Macfarlan. 12/8/41

17831.66- Aurolese Phone - This form of device originated by Reis of London is held in place by a thin tempered spring across the crown. It was first used in the 19th Century.
Case 65

17831.67- Elliptical Reflector or Artificial Hand (1900)
The edge of the shell where applied to the ear is shaped so as to include the entire auricle.
Case 65
Presented by Dr. Douglas Macfarlan 12/8/41

17831.68- London Hearing Dome (1900). Of all the ear trumpets, this device has had the longest and most popular and successful career. Case 65

17831.69- Globe Phone - American manufacture (1910) Carbon type. Case 65

17831.70- Orophone: Chas. W. Starper, inventor. An early English Carbon Hearing Aid (1910). Case 65

17831.71- "The Bone Conduction Receiver" (1920).
Hugo Gernsback (Editor of Popular Mechanics) conceived the idea of the use of an electro-magnetic bone-conduction receiver for hearing aids. Deafened persons with good bone conduction hearing often favor this receiver on account of its tone quality and the convenience in wearing. (The above is merely the receiver of the aid, microphone, amplifier and cord are not shown. Case 65

17831.72- English Carbon Hearing Aid (1920) Case 65

17831.73- Phonophor (German) Hearing Aid (Carbon Type)
Made by Siemens & Halske (1923) Case 65

17831.74- Two Hearing Aids. "Super-ear". This instrument is to be applied to the better ear. American manufacture (1925)
These two are the same but one is held in place with a head band and the other is fitted with a piece of wire that is attached to the back of the ear.
Case 65

17831.75- Dr. Parrel's Noise Maker for Treating the deaf. (French) 1924. Case 66

17831.76- The first Miniature Ear Receiver (circa 1920)
The Siemens-Halske hearing aid receiver (German) advertised as "no bigger than a dime."
Case 66 It was very popular on account of size, weight and inconspicuousness, but can neither give the quality nor the loudness of larger receivers.

17831.77- Dr. Macfarlan's instrument for training the child deaf before language in a conditioned response. The sound is delivered to the ear loud enough to be felt (tactile sensation) as well as heard (audition). The child is taught to raise the hand when the instrument is turned on. The tone produced is a buzz with pitches 60-128 & 256 predominating. When training is accomplished the child can be tested with an audiometer. (Original model 1921) Case 65

All the above hearing aids were Presented by Dr. Douglas Macfarlan 12-8-1941

17831.78 The French Hearing Aid (1930) Case 66

17831.79. "Hearite" Carbon Hearing Aid (1930). Made in Germany. Case 66

17831.80. The Cryptal Phone. Abont 1930 the Brush Development Co; brought out both Cryptal microphones and Receivers. This marked a distinct step forward since the principle of the cryptal insured a much less distorted reproduction. Most modern instruments now use the magnesium cryptal. Case 66

17831.81. Invisiphone. This is a French instrument and although this form was invented quite some years ago, this particular instrument was in use in 1931. Case 66

17831.82 - Experimental Model. (Amer. Tel. & Tel. Co.) to determine the acoustic characteristics of various types of wood and of various types of design. Non-electric. E. J. Sithens, 1935.
Case 66

17831.83 - The modern Vacuum Tube Amplifier 1938 (Portable) With the advent of radio, non-portable hearing amplification instruments were made with large tubes and heavy batteries. About 1938 there was adapted the miniature "peanut" tube (English) and the "A" and "B" batteries of condensed size. Case 66

17831.84 - Acousticon (About 1936). Case 66

17831.85 - Experimental Models of Receivers fitted with an Acoustic Probe, for determining points of greatest hearing acuity on the drum and in the middle ear. (Pohlman, Fowler & others).
Case 66

17831.86 - Individual Ear Moulds and cast of the Ear. In order to obtain the midget receivers in the ear, individual ear moulds were made; the material used was bakalite, rubber and lastly lucite. Case 66

All the above hearing aids were Presented by Dr. Douglas Macfarlan 12/5/1941

17831.87 - False Ear Drum of rubber Case 66

17831.88 - A very early Midget Receiver, held into the ear canal. (About 1926) Case 66

17831.89 - An early speech record with selection of the most commonly used words in the English Language (from Thorndike's list. The words are spoken at the same intensity level. This record is used with an electric phonograph, a decibel meter and head phones, to determine the percentage of speech hearing.
Sec. 30 Shelf 2

17831.90 - A speech Hearing Test-Record (1939) Macfarlan. Using common words and numbers recorded at a fixed intensity level. The record is used on an electric phonograph equipped with a decibel meter and head phones. Or it can be used with amplification over a loud speaker to test the efficiency of hearing-aids. Sec. 30 Shelf 2

17831.91 - Volf's Method of Auditory Training. (Rejected by the Council of the A. M. A.)
A modern phonograph adaptation of Carrel and Marage methods (French). It uses a play of tones varying in pitch. Sec. 30 Shelf 2

All the above hearing aids were Presented by Dr. Douglas Macfarlan. 12-8-1941

17831.92 Straudiphone - Case 66
Presented by Dr. Douglas Macfarlan. 12-8-41.

17831.93 - Foetus showing Gastroschisis. This specimen had never been catalogued. It was brought up from the storeroom and put on display. 2-17-42. Presented by Dr. Robert Js. Le Conte.
Sec. 23 Sh. 4

17831.94 - Pamphlet. Council on Physical Therapy. Amer. Med. Assn.; Sub. Committee on Audiometers and hearing aids Instruments are referred for analysis and report. They are accepted or rejected. An effort is made to control false advertising. Stored in phy. Case 30 Shelf 2
Presented by Dr. Douglas Macfarlan 12/8/41

17831.95 Book. L'Audition et ses Variations - 1902.
Marage's Siren for producing vowel sounds. (French) 1902. Page 150
An early attempt at imitation of speech sounds. (Describing methods of training residual hearing) Stored - Sec. 30 - Shelf 2
Presented by Dr. Douglas Macfarlan 12-8-41

17831.96 - Book. Report of the Committee appointed to survey the Instrumental Aids of Hearing. 1925-1926 by Dr. Douglas Macfarlan. Reprint from Volta Review - Oct. 1927, Vol. 29. No. 10 Stored - Sec 30 Sh. 2
Presented by Dr. Douglas Macfarlan 12/8/41

17831.97 - Book. La Surdité et son Traitement by Dr. Parrel following Dr. Marage as the advocate in using the residual hearing present in many of the deaf. 1926
Stored Sec. 30 Sh. 2
Presented by Dr. Douglas Macfarlan, 12/8/41

17831.98 - Pamphlet. The use of Hearing Aids. English Survey of Hearing Aids. 1937 - Medical Research Council - Stored - Sec. 30 - Sh. 2.
Presented by Dr. Douglas Macfarlan 12/8/41

17831.99 - Nasal Cautery and Cautery snare. Sec. 80 - Sh. 5
Presented by Dr. Douglas Macfarlan 12-8-41

17832.00 - Tonsil Guillotine. Sec. 81 - Sh. 4
Presented by Dr. Douglas Macfarlan. 12/8/41

17832.01 - An early Dental Elevator used in the extraction of fragments Sec. 90 - Shelf 4
Presented by Dr. Douglas Macfarlan 12/8/41

17832.02 - Vision testing instrument ("Count the dots")
Presented by Dr. Douglas Macfarlan 12/8/41

Section 38

17832.03 - (Blue print) Frequency characteristics of Carbon-aids (Macfarlan)
Presented by Dr. Douglas Macfarlan 12/8/41)
Sec. 65

17832.04 - } Two Lithotrites.
17832.05 }
Presented by Dr. Charles W. Bonney 2/16/42 80-4

17832.06 } Two Bladder Sounds
17832.07 }
Presented by Dr. Charles W. Bonney 2/16/42 80-4

17832.08 Perineal Lithotome with two blades
Presented by Dr. Charles W. Bonney 2/16/42. 80-4

17832.09 - Ophthalmometer. Instrument similar to 17560.095 Brought up from the storeroom Mar. 1942 and put on display.

17832.10 - Steam Inhalator. Presented by Dr. Douglas Macfarlan. 3/2/1942

17832.11. Model. Operation on the Perineum. (Old Specimen) (Stored)

17832.12 - Anatomical Charts. 7 bundles
#1. Charts showing organs in abdominal and thoracic cavities.
#2. Charts showing male and female genital organs, urethra and rectum
#3. Charts picturing heart: ventricles, arteries and veins.
#4. Series of anatomical drawings showing male & female figures; the female is walking, the male is sitting in a chair with the left leg over the right, playing a guitar. Shown clothed; shown unclothed showing position of muscles; shown as skeletons showing position of bones.

17832.13 - Cancer of the bile ducts obstructing the duodenum and pyloric outlet of a greatly distended stomach. An old specimen found in the storeroom. Presented by Dr. W. J. Taylor. 4-1942

17832.14 - Amoebic abscess of the liver. An old specimen found in the storeroom Apr. 1942. Identified by the Curator, Dr. Joseph McFarland.

17832.15 - Bi-lateral tuberculosis of adrenal bodies. Specimen from a child, consisting of liver, kidneys and adrenal bodies. Old specimen from the storeroom identified by Dr. Joseph McFarland, Curator, Ap. 1942.

17832.16 - Aneurism of the ascending arch of the aorta. Old specimen from the storeroom identified by the Curator, Dr. Joseph McFarland, Apr. 1942

The following instruments were presented a long time ago by Dr. James Darrack. They were taken from the Storeroom, identified and put on display Apr. 1942.

17832.17- Three Vesicle Syringes used for irrigating the male bladder.

17832.18- Nasal syringe
17832.19- Inner-Ear Syringe
17832.20- Rectal Syringe.
17832.21- Syringe for the Ear.
17832.22- Nasal pharyngeal irrigator.
17832.23- Hypodermic syringe
17832.24- Sims' Uterine Elevator
17832.25 Emmet's Uterine Elevator
17832.26- Cystoscope
17832.27- Uterine Curette
17832.28. Rectal Speculum.
17832.29 } Nasal Speculum
17832.30 }
17832.31. Dilator
17832.32- Uterine Dilator
17832.33- Polypus Forceps.
17832.34- Calculus Forceps
17832.35- Trachea tube and tracheotome
17832.36- Curved Trocar for puncturing bladder through the rectum.
17832.37- Perineum Needle (Curved)
17832.38- Fahnstock's Tonsillotome
17832.39- Uterine Dilator
17832.40- Fitch's Applicator. Provided with a spiral sheath by which a medicated or soiled swab may be detached from the tip of the instrument without contaminating the fingers.
17832.41- Scarificator used on the cervix.
17832.42- Straight Perineum needle
17832.43 Blunt curette

17832.44- Frictional Electrical apparatus.
Found in the storeroom in March 1942. Sec. 33-Sh. 4

17832.45- Air pump used for evacuating air from jars.
Found in storeroom in March 1942 - Sec. 33-Sh. 4.

17832.46- Bandage roller (incomplete) Taken from the storeroom in March 1942

17832.47- Stored Material: A collection of metal, hard rubber and glass pessaries, 1 tubular speculum, 1 bivalve speculum. Storeroom case 3-Shelf 2

17832.48- Stored material; 1 ear speculum, 3 laryngeal syringes of hard rubber, 3 ear syringes of hard rubber, 1 uterine dilator, 1 director, 1 probe, 3 uterine sounds, 1 tenaculum, 3 tracheotomy tubes.

17832.481 Symballophone. A new Stethoscope. A modified stethoscope for the lateralization of sounds. Invented by Dr. Wm. J. Kerr San Francisco - "Kerr Stethoscope"
For complete description of instrument see Mütter Museum Corresp. file "S-Misc." or W. J. Kerr, M.D. Trans. Assn. Amer. Phys. 1ii: 92, 1937 - Also Wm J. Kerr, M.D. T. L. Althausen, M.D. A. M. Bassett, A.B; and M. J. Goldman, A.B. The Amer. Heart Journal. St. Louis, 5: 594, Nov. 1937.
Presented by Dr. Douglas Macfarlan, May 5, 1942 Sec. 77

17832.49- Pelvis of Zebra: also portion of vertebral column. From the Barton Cooke Hirst Collection of the University of Pennsylvania. May 1942

17832.50 Pelvis and portion of spinal column of a Sun Bear. From the Barton Cooke Hirst Collection of the University of Pennsylvania. May 1942

17832.51. Pelvis and portion of vertebral column of a Gray wolf. From the Barton Cooke Hirst Collection of the University of Pennsylvania. May 1942.

17832.52- Pelvis and portion of vertebral column of Roe deer. From the Barton Cooke Hirst Collection of the University of Pennsylvania - May 1942

17832.53- Pelvis and portion of vertebral column of a Macaque. From the Barton Cook Hirst Coll. of the University of Pennsylvania - May 1942.

17832.54- Pelvis & portion of spinal column of Mustelidae (probably skunk) From the Barton Cook Hirst Collection of the University of Pennsylvania - May 1942

17832.55 - Aluminium Stethoscope: From the Barton Cooke Hirst Collection of the University of Pennsylvania - May 1942.

17832.56-17832.67 incl. From the Barton Cooke Hirst Collection of the University of Pennsylvania. Models of Uteri by Prof. Dr. E. Wintenitz. These models (12 in number) are mounted on black boards about 6½ x 9¼ with hooks attached for hanging.

17832.56 - Normal Lage des Uterus (1)
17832.57 - Lage des Uterus bei vollen Blase (2)
17832.58 - Anteversio uteri (3)
17832.59 - Retroversio uteri (4)
17832.60 Retro flexio uteri (5)
17832.61 - Hodge in situ (6)
17832.62 - Elongatio colli (7)
17832.63 - Inversio uteri (8)
17832.64 - Fibroma polyposum cervicis uteri (9)
17832.65 - Myoma uteri interstitiale (10)
17832.66 - Myoma uteri submucosum (11)
17832.67 - Myoma cervicis (12)

17832.68 - Instruments for the production of abortion sold in the market places of Paris. Collected by Frederic Griffith, 1903.

17832.71 - Album containing the photographs of the syphilitic skull collection in the Mütter Museum. Presented by Dr. Haleomt.

17832.72 - Album containing photographs and newspaper clippings of Giants and Acromegalic cases. Compiled by Dr. Joseph McFalland, Curator (1942)

17832.73 - Death Mask of John Hunter. Duplicate of #13055, one in wall case at the entrance to the Mütter Museum. Presented by the Royal College of Surgeons, England. 30-2

17832.74 - Spray. This is a replica of the Lister Spray. It is not known from where it came - the donor, also, is not known. It was found in the storeroom and is incomplete, a small hose and vessel being needed. 80-3

17832.75 Photograph showing use of Lister Spray. This photograph was made from an educational film produced by Audio Productions, Inc. N.Y. In making the motion picture the replica of the Lister Spray (17832.74) from the Mütter Museum was used. Presented by the Audio Productions, Inc. 630 First Street, N.Y. Case 77 - Drawer A-5

17832.76 - Utility Syringe } Presented by Dr. Elliston
17832.77 " " } Morris
April 9-1941

17832.78 - Apothecaries' Scale - (Found in Storeroom) Presented by Dr. Guy Hinsdale - Case 103

17832.79 - Haemometer. An instrument for measuring the pressure of the blood. From the Barton Cooke Hirst Collection.

17832.80 - Clinometer. A Pelvimeter used to determine the inclination of the Superior Strait. By determining the inclination of the inferior strait and arranging the pattern figure accordingly, the inclination of the Superior Strait is determined. B.C. Hirst Collection.

17832.81 - Microscope with two boxes of Accessories. An R. & J. Beck Microscope marked "Zentmayer" probably indicating it was distributed by Zentmayer. Also 2 boxes of Accessories (A & B). It was formerly the property of the grandfather of Dr. Charles C. Norris and was presented to the Museum by Dr. Charles C. Norris, May 25, 1942 and Accepted Sept. 21, 1942.

Box A. Contains - 1. Amici's Prism for obique light
2. Parabolic Reflector
3. Achromatic Condenser with revolving diaphragm.
4. Lever Compressorium
5. Draw-tube of the body.
6. Glass trough complete with Wedge & Spring.
7. Micrometer
8. Stage micrometer.

Box B. Contains - 1. Three dark wells and holder
2. Camera Lucida
3. Nose piece
4. Five Eye pieces
5. Sub-Stage Condenser
6. Eye-piece
7. Forceps
8. Patent illuminator for brass tops for viewing objects as opaque under higher powers.
9. Polarizing apparatus
10. Live Box
11. Seven objectives.

17832.82 - James W. Queen Catalogue - 1887-1888
Presented by Dr. Douglas Macfarlan, Sept. 1, 1942

17832.83 - Ciba Symposia - Pamphlet of Photographic Technique and Early Medical Photography.
Presented by Dr. Douglas Macfarlan. Sept. 1, 1942

17832.84 - J. S. Fraser (Edinburgh) Collection of Lantern Slides illustrating the Normal and Pathological Anatomy of the Ear. These slides take up 5 racks in the Molar Lantern Slide Cabinet and a catalogue covering the slides is in the lower drawer of the Cabinet.
Presented by J. S. Fraser - 1923

17832.85 - The B. Alexander Randall Collection of Lantern Slides, illustrative of the anatomy and pathology of the Eye and Ear. These slides represent conditions observed by and preparations made by Dr. Randall himself. They occupy 9 racks in the Molar Lantern Slide Cabinet.
Presented by Dr. B. Alex. Randall - 1923

17832.86 - Dr. Addinell Hewson's Collection of 13 Lantern Slides from a case of Obstruction of left Bronchus in a patient having catarrhal Bronchitis following operation for acute Appendicitis. These slides were made by a portable x-ray at bed of patient.
Presented by Dr. Addinell Hewson.

17832.87 - Lantern Slides of Human Head sections prepared by Dr. Joseph P. Iszis. This Collection consists of 50 slides showing internal and external sections.
Presented by Dr. J. P. Iszis.

17832.88 - 40 Lantern Slides that appear to show Human Emotions; also slides of brains. It is not known by whom these slides were prepared and donated. A list of the slides may be found in the small catalogue containing a record of the B. Alex. Randall Collection.

17832.89 - Old Microscope made for McAllister & Co. Phila

17832.90 - Holt's Divulsors for Urethral Stricture. Presented by Dr. John B. Roberts.

17832.91 - Wire threaders and needle holder. Presented by Dr. John B. Roberts.

17832.92 - Desmarre's Entropium.

17832.93 - Very Early type of Ophthalmoscope

17832.94 - Eye Instrument. Double Tenaculum.

17832.95 - Small holder or forceps for holding caustic.

17832.96 - Tambour (incomplete) - A drum shaped appliance used in transmitting movements in a recording instrument. It consists of a cylinder having an elastic membrane stretched over it and to which passes a tube that transmits the air. It is connected with a recording apparatus. Formerly the property of Dr. Harrison Allen.

17832.97
17832.98
17832.99
17833.00
17833.01 } 5 Ophthalmoscopes.
Presented by Dr. John B Roberts.

17833.02 - An original Cautery Iron. Presented by Dr. John B Roberts.

17833.03 - Vaccination Lancet with Comb.
Presented by Dr. John B. Roberts.

17833.04 - Cleft Palate Chisel formerly belonging to Sir William Fergusson. Presented by Dr. John B. Roberts.

17833.05 - Trephine Instrument " " " "

17833.06 - Trephine Instrument - A "convenient" instrument with which to enlarge the first opening made in the skull, in operations for removing tumors, etc., from the brain.

It is also valuable as it is desired to deepen a portion of the groove surrounding the button of bone to be removed in trephining, without cutting around the entire circumference. This necessity frequently arises when dishes are removed from regions of the skull of irregular thickness.

17833.07 - Levis Apparatus for Dislocation of Fingers formerly belonged to Dr Levis. Presented by Dr. J B Roberts

17833.08 - Percussor - Presented by Dr. John B Roberts

17833.09 Wire Twister " " " " "

17833.10 - Box containing accessories for some unknown microscope.

17833.11 - Box containing duplicate instruments presented by Dr. J. B. Roberts. 1 Scarificator
3 Thumb Lancets
1 Petit's Tourniquet
2 Ear Specula
3 Trephine Instruments
2 Stem Rasparies
1 Tooth Extractor
1 Caustic carrier

17833.12 - Wooden box containing three amputating instruments.

17833.13 - Box of Bougies & Catheters formerly belonging to the U.S.A. Hospital Department

17833.14 - Box of Trephining Instruments formerly belonging to the U.S.A. Hospital Department.

17833.15 - Box containing Irrigating Pump with Accessories, formerly belonging to the U.S.A. Hospital Department.

17833.16 - Case of Autopsy Instruments. Pres. by Dr. John ~~B Roberts~~ Weir.

17833.17 - Case of Urethral and unidentified instruments. The 3-pronged instruments in the lower compartment are called Lithlabes and are used for taking calculi from the bladder. Presented by Dr. John B Roberts

17833.18 - Box that formerly belonged to the U.S.A. Hospital Department and from which most of the instruments have been removed. There still remain a scalpel, haemostatic forceps, double tenaculum and bullet forceps.

17833.19 - Box containing 100 Pathological & Histological Preparations (Microscopic Slides) prepared by Dr. Otto Barth, Leipzig.

17833.20 (a) Clamp
(b) Curved knife } These appear to be Veterinary Instruments.
Presented by Dr. John B. Roberts.

17833.21 - Straight Excising Forth Forceps. Pres. by Dr. J. B. Roberts

17833.22 - Raspatory

17833.23 - Periosteum Levator.

17833.24 - Circumcision Set with astringent and haemostatic powders. Circa 1830. Used by Dr Henry Heller (1802-1878) Major 27th Penna Infantry 1861
Presented by his grandson, Dr. Edwin A. Heller
Oct. 23 - 1942

17833.25 - Refractometer - an instrument for measuring refraction of the eye. Presented by Dr. Douglas Macfarlan - Nov. 19 - 1942

17833.26 This package contains:
2 Empty B Pocket Cases
1 Pocket case formerly belonging to Dr. Kirkbride
3 Spring Lancets
1 Wallet formerly belonging to Dr. Henry Morris. It contains nothing of value.

17833.27- Barton C. Hirst's Pelvimeter for measuring the true conjugate plus the thickness of the symphysis. (Hirst's Text Book of Obstetrics, 8th Ed. p. 439.)
Presented by Mrs. Barton C. Hirst, May 18, 1942

17833.28 - Pelvimeter for outlet (incomplete)
(Hirst's Text Book of Obstetrics, 8th ed. p. 445)
Pres. by Mrs. B.C. Hirst. May 18 1942

17833.29 - Tarnier's Pelvimeter (incomplete)
An ingenious pelvimeter for the direct measurement of the true conjugate.
(Hirst's Text Book of Obstetrics, 8th ed. p. 441)
Presented by Mrs. B.C. Hirst - May 18, 1942

17833.30 - Galbiati's Knife for cutting the symphysis. It will almost invariably be found (wooden handle) that this incision has failed to divide
Presented by Mrs. B.C. Hirst - May 18, 1942

17833-301 - Galbiati's Knife for cutting the symphysis. (metal handle). (See 17833.30)
Presented by Mrs. B.C. Hirst May 18-1942

17833.302 - Galbiati's Knife for cutting the symphysis (Metal handle & blade shaped differently)
Presented by Mrs. B.C. Hirst. May 18-1942

17833.31 - B.C. Hirst's Knife for cutting the sub-pubic ligament. (Two) Pres. by Mrs B.C Hirst May 18-1942

17833.32 - Nozzle for Intra-Uterine Douche
Presented by Mrs. Barton C. Hirst, May 18, 1942

17833.33 - Hoffman's Intra-Uterine douche
Presented by Mrs. Barton C. Hirst, May 18, 1942

17833.34 - Rinsing uterine curette. Presented by Mrs. B.C. Hirst, May 18, 1942.

17833.35 Blunt Hook - Wooden handle
17833.351 " " Metal handle
17833.352 " " Double hook
Presented by Mrs. Barton C. Hirst - May 18, 1942

17833.36 - Emmet's Fine Hook or Tenaculum for pulling forward the cervix uteri.
Presented by Mrs. B.C. Hirst, May 18, 1942

17833.37- Decapitating Hook.
Presented by Mrs. B.C. Hirst - May 18, 1942

17833.38 - (Two) Gai's Dilator for the cervix. Two
17833.381 sizes. See Hirst's Text Book of Obstetrics, 3rd, ed. p. 773.
Presented by Mrs. B.C. Hirst, May 18, 1942

17833.39- Dilator similar to Dewei's.
Presented by Mrs. B.C. Hirst, May 18, 1942

17833.40 - Bossi's Dilator. The expanded tips are removable so that the instrument may be inserted in an undilated os. It was first described in 1891 but was not generally adopted till Leopold recommended it ten years later. It is a powerful instrument for the dilatation of the gravid or parturient cervix. If the blades are gradually dilated up to 4 c.m. on the scale there is little or no risk of injury. (B.C. Hirst's Text Book of Obstetrics, 8th ed. p. 724.
Presented by Mrs. B.C. Hirst, May 18 1942

17833.41 - Oldest form of Craniocast.
Presented by Mrs. B.C. Hirst, May 18, 1942.

17833.42 - Halmi's Craniocast. " " "

17833.43 - Craniocast with pelvic curve " "

17833.44 - Nicholson's modification of the Doderlein Tube, used to drain lochia from the uterine cavity to determine the presence of virulent pathogenic bacteria.
"A curved glass tube inserted in a metal speculum with a closed lid; after insertion into the uterine cavity with extreme aseptic precautions the glass tube is pushed through the speculum opening the metal lid."
(Hirst's Text-Book of Obstetrics, 8th ed. p. 871)
Presented by Mrs. B.C. Hirst.

17833.45 Four sharp hooks or Crotchets used in
17833.451 Embryotomy. They all differ somewhat
17833.452 in the curve of the instrument. Also
17833.453 17833.45 has finger rests and 17833.453 has double points.
Presented by Mrs. B.C. Hirst.

17833.46 - Guarded Crotchet
Presented by Mrs. B.C. Hirst

17833.47 - Osteotomist - an instrument for cutting out pieces of cranial bone.
Presented by Mrs. B.C. Hirst

17833.48 Combination Perforator, Cranioclast and Blunt Hook.
Presented by Mrs. B.C. Hirst.

17833.49 - Two Markel's Fillet Carriers for breech presentation.
Each end of a strip of bandage about 2 inches wide may be passed between the thigh and the abdomen and brought down in front of the external genitalia. If drawn tight the loop of the bandage is in contact with the child's sacrum. A firm and convenient grip is thus taken upon the breech. The fillet is very difficult to apply with the fingers. This fillet-carrier was devised by R. M. Markel at the time a student at the University of Pennsylvania. It is constructed like a Bellocq's cannula. (Hirst's Text Book, 8th ed. p. 761
Presented by Mrs. B.C. Hirst.

17833.50 - Fillet Carriers (Two)
Presented by Mrs B.C. Hirst.

17833.51 - Richardson's Sphygmograph (1900-1910)
Presented by Dr. Douglas Macfarlan, Nov. 27-1942
77

17833.52 - B.C. Hirst Collection: Lever's Vectis with jointed metal handle. Pres by Mrs B.C. Hirst
89

17833.53 - B.C. Hirst Collection: Vectis - " " " " 89

17833.54 - " " " Combination Blunt Hook and Crotchet. Presented by Mrs. B.C. Hirst 89

17833.55 } - B.C. Hirst Collection - Double Vectis, the
17833.56 } Chamberlens were the inventors of the
S.R. - 1-1

vectis or lever, an instrument no longer made, for a single blade of the obstetric forceps answers the purpose perfectly.
Presented by Mrs. Barton C. Hirst.

* 17833.57 - Thornton's "T"-shaped forceps. (B.C. Hirst Collection)
Presented by Mrs. B.C. Hirst. S.R. 1-1

17833.58 - Hodge's rotating placenta forceps. (B.C. Hirst Coll.)
Presented by Mrs. B.C. Hirst S.R. - 1-1

17833.581 - Hodge's rotating Placenta Forceps. (B.C. Hirst Coll.)
Presented by Mrs. B.C. Hirst. S.R. - 1-1

17833.59 - Braun's Cephalotribe. (B.C. Hirst Collection 89

17833.60 - Gum Lancet, in metal case. B.C. Hirst Collection 103

17833.61 - Scalpel and straight bistoury in metal case. 103
B.C. Hirst Collection

17833.62 - B.C. Hirst's Perineum Needle with full circle curve - 89

17833.63 - B.C. Hirst Collection. Dickinson's Perineum Needle - 89

17833.64 " " " " " S.R. - 2-2

17833.65 - B.C. Hirst Collection - Kelly's Urethral Calibrator - 89

17833.66 - B.C. Hirst Collection - Vectis (handle missing) S.R. 2-2

17833.67 - B.C. Hirst Collection - Part of guarded crotchet - guard missing. S.R. 2-3

17833.68 - B.C. Hirst Collection of Obstetrical Forceps.

17833.68 - Chamberlen Forceps - No. 1 - (1601-1818)
A very rudely constructed forceps. The two portions of the instrument are united by a rivet. This was doubtless the first midwifery forceps constructed by the Chamberlen's stone which sprang all the various forms now in use. 89

17833.681 - Chamberlen's Forceps No. 2 (1601-1818)
These were united by means of a braided cord having a knot at one end. This passed through the aperature usually occupied by a rivet, enabling the operator to unite or disunite the two portions. The handles are looped. 89

17833.682 - Chamberlen Forceps No. 3 (1601-1818)
This instrument is very similar to the Chamberlen No. 2 Forceps (17833.681) 89

* All of the B.C. Hirst Collection was presented to the Museum by Mrs. Barton Cooke Hirst.

B.C. Hirst Collection of Obstetrical Forceps.

Presented by Mrs. Barton Cooke Hirst.

17833.683 - Chamberlen Forceps - No. 4 - (1601-1818)
This is a powerful forceps. The handles are looped and the two portions may be joined together by means of a rivet fixed in one half and fitting loosely into a perforation in the other. 89

17833.69 - Levret's Forceps, introducing the pelvic curve and with blades more hollow - so that it could be applied more closely to the lateral parts of the foetal head and would hold it more firmly. (1747-1760) - 89

17833.691 - Levret's Forceps with a pelvic curve. Levret presented his forceps to the Academy of Surgery in 1747. In 1750 a pelvic curve was added, in France by Levret, in England, by Smellie. (1747-1760) 89

17833.70 - Smellie's Straight Forceps (1752)
An 18th century English forceps, with the blades wrapped with leather to keep them from slipping. The lock, (a notch in the middle of each branch fitting into each other) is a Smellie device and is known as the English lock. - 89

17833.701 - Smellie's Forceps with a slight pelvic curve. (1752) - 89

17833.702 - Smellie's Forceps with pelvic curve. Smellie first published a description of this in 1751 although he had invented the pelvic curve 10 years before - 89

17833.71 - Baudelocque's Forceps (1781) These are practically the same as Levret's except that they are about 2 inches longer and are destitute of the oblique ridge or crest on the internal surface of the blades. S.R. 2-3

17833.711 } Two Baudelocque Forceps - S.R. 2-3
17833.712 }

17833.72 - Simpson's long forceps (1848) As in Simpson's short forceps, the shanks of the blades part considerably above the lock, to allow the finger to be placed between them. The lock is Smellie's but with projections above it of small size - a to prevent the blades readily slipping. S.R. 2-3

17833.721 - Simpson's Long Forceps (1848) S.R. 2-3

17833.73 - Payot's Jointed Forceps (1866) Prof. Payot was a teacher of obstetrics for nearly half a century. As a practical obstetrician he was almost unrivalled in France. Payot's Jointed Forceps resemble Charriere's but have at one extremity of the handle a blunt hook, the other end ending in a leaden ball. 89

17833.74 - Taylor's Forceps (1875) Isaac Ebenezer Taylor took his M.A. and M.D. at the U. of P. His narrow bladed forceps was devised for introduction within a cervix not more than 1½ inches in diameter. Moreover, when the head is so high up and so oblique that it is impossible to carry one blade of the forceps as high as the other, the instrument may be locked temporarily by making use of additional holes in the female blade for the insertion of the pivot. When the os is sufficiently dilated and head brought down, the blades may be readjusted and the pivot placed in the middle one. - S.R. 2-3
(Duplicate of 17820.20 - on display)

17833.75 - Dubois' Forceps (1853) Paul Dubois modified Levret's Forceps by providing it with a lateral mortise. 89

17833.76 - Dubois' Forceps. (1850)

17833.77 - Mauriceau Forceps (1825 - French) - 89

17833.78 - Naegele's Forceps (1853) It resembles that of Levret, but differs from it in the handles being short covered with wood and terminating in two rounded processes which have a groove. Near the articulation is a lateral notch and a tenon fixed by a screw. - 89

17833.79 - Piper's After coming head forceps - 89

17833.80 - Wallace Forceps (1865) Combination of Davis blades and Hodge handles, both somewhat modified. It is very light. 89

17833.81 - Braun, axis - traction forceps (1882) This is a light instrument and less complicated than that of Tarnier. (Cross-bar missing) 89

17833.82 - Milne-Murray axis-traction forceps (1871) 89

17833.83 - Tarnier axis-traction forceps - (1877) 89

17833.84 - Hirst's Small Forceps - Modified by B.C Hirst for use at the vulvar orifice and pelvic outlet (1900) - 89

17833.85 - Haughton's Forceps. The most characteristic feature in this modification is the extreme width of the blades and fenestrae. (1790) S.R. 2-3

17833.851 - Haigton's Forceps - (1790) - S.R. 2-3

17833.86 - Young's Forceps (1784) Thomas Young of Edinburgh Constructed his forceps with blades similar to Johnson's. - 89

17533.87 - Davies' Curved Catchet - 89

17533.88 - Davis' Symmetrical Forceps (1825) - 89

17833.89 - Self-holding forceps for holding needles and twisting wire - 89

17833.90 - Tumor Forceps for uterine tumors - 89

17833.91 - Two obstetrical leg supports - 89

17833.92 - Dilator - 89

17833.93 - Embryotomy Forceps - 89

17833.94 - Embryotomy Forceps - 89

17833.95 - Haemostatic Forceps - 89

17833.96 - Artery Clamp - 89

17833.97 - Cephalotribe Compressor devised by Dr. Hugh L. Hodge - S.R. 2-3

17833.98 - D.W. Busch Forceps (1830) He was the son of J. D. Busch. These are much like the forceps of J. D. Busch but the handles are much thinned. The blades are flattened for some way above the lock and the inner surface of the blades are slightly convex. 89

17833.99 - Hodge's Forceps (1833) - 89

The above instruments are from the B.C. Hirst Collection. Presented by Mrs. Barton Cooke Hirst

B.C. Hirst Collection
Presented by Mrs. B.C. Hirst

17834.00 - Osborne's Forceps. These forceps are described as a miniature Levret intended to combine the qualities of the long and short forceps. - 89

17834.01 - Orme-Lowder Type Forceps - (1782). The shanks run upward almost parallel to each other for only an inch, then they diverge to join the blades. The blade is not much broader at the base than at the free end which lies 1½ inches from its fellow when the handles are closed. - 89

17834.02 - Baudelocque's Cephalotribe - 89

17834.03 - Bickell's Forceps (1876) Daniel Warren Bickell graduated from the U. of Penna. in 1847. He made a special study of Gynecology. 89

17834.04 - Unidentified Obstetric Forceps - They resemble Haughton's. 89

17834.05 - Unidentified short straight forceps - 89

17834.06 - Unidentified Obstetric Forceps with wooden handle having a decided pelvic curve. They resemble Young's or Johnson's, but the mesodesments differ and the ends are too widely separated - 89

17834.07 - Unidentified long straight metal Obstetric Forceps - 89

17834.08 - Unidentified long obstetrical forceps with wooden handle. The shank is obtruded into a ring in which to place the fingers to facilitate traction. - 89

17834.09 - Unidentified long Obstetric Forceps with solid blades. It is probably a German forceps. The English locks high above the finger rests of the wooden handle and there are small dots in the blades that would indicate it is an axis-traction forceps with part of the instrument missing. - 89

17834.10
17834.11
17834.12
} Three pairs of Obstetric Forceps resembling Hodge's and they may be modifications of those instruments. - 89

B.C. Hirst Collection presented by
Mrs Barton Cooke Hirst.

17834.13 } Three pairs half metal Obstetric Forceps
17834.14 } of the long type, having the French lock
17834.15 } of Levret. They vary in size and vary
slightly in design and in the degree
of the pelvic curve. 89

17834.16 - Unidentified long, all metal Obstetric
Forceps with Scibold or German lock - 89

17834.17 - One half of a long Simpson Forceps - S.R. 2-4

17834.18 - One half Elliot's Obstetric Forceps with
aseptible screw handle. S.R. 2-4

17834.19 Two handles for axis-traction forceps S.R. 2-4

17834.20 - Vectis with wooden handle - S.R. 2-4

17834.21 - Combined Vectis and Blunt Hook - 89

17834.22 - Part of the "Aids to Hearing" Collection
donated by Dr. Douglas Macfarlan.
A Toynbee's Tube Ear Drum. 66

1783423 - B.C Hirst Collection. Kramer's Bivalve
Ear Speculum - 80-3

17834.24 - Apothecaries' Scales - Presented by Mrs.
Peggy Westfield, Damariscotta, Maine 4/1943 103

17834.25 - Case of Dissecting Instruments formerly
belonging to Dr. William D. Gallaher -
Presented by Mrs. Peggy Westfield. April 1943

17834.26 - Medicine Spoon invented by Miss Lady Super
about 1890 for pouring medicine into the
back of the throat,
Presented by Miss Carrie Super.

17834.27 - Weiss Microscope and accessories
for use in the Museum, formerly
belonging to Dr. James E. Talley.
Presented by Mrs. James E. Talley.

17834.28 - Dr. Fielding O. Lewis' nose Snare - 80-4
Presented by Dr. Douglas Macfarlan - 3/9/1943

17834.29 - Dr. Eves' Snare invented by Dr. Curtis C. Eves,
Ohela. Presented by Dr. Douglas Macfarlan 1943

17834.30 - Guttman's Audiometer (The inventor's own
instrument). 1921.
In 1921 John Guttman M.D. of New York
read a paper before the local section of Otology
(N.Y. Academy of Medicine) in which he
described an electric "acumeter". It is the father
of the modern audiometer. In 1922 Guttman
published his audiograms & studies in different
types & degrees. (March 1939 Archives of
Otology & Audiometry).
This Audiometer, testing hearing quantitatively
for any pitch, produces electric tones by heat -
frequency oscillation (first discovered by
Tyndall in 1876)
A fixed frequency is generated in one of the
vacuum tubes and against this impinges an
oscillation of frequency capable of being varied
The interference of the two waves sets up a third wave -
the beat tone. The use of this tone and this method
gives the opportunity to make and select any pitch.
The intensity is separately controlled and the sound
is put out and recorded to the person being examined
for ear phones.
Presented by Dr. Douglas Macfarlan - 3/9/1943
34-3

17834.31 - Candle Holder - 50 years old. Accepted as it
might have been used as a method of lighting by
many physicians in those days.
Presented by Mr. Simeon Trenner - March 1943
(Richard Coons)

17834.32 - An Ear Trumpet with metal tubing. (About
30 years old) 65
Presented by Mr. Simeon Trenner - Mar. 1943

17834.33 - Spring Lancet Pres. by Mr. Simeon Trenner 1943 103

17834.34 - Plate used in Microscopic Electrophoresis
Presented by Mr. Simeon Trenner, 1943 101

17834.35 Holman Life Slide. Organisms are kept alive by air at the sides of the well
Presented by Mr. Simeon Trenner (108) 1943

17834.36 - 75 year old Watch made in London
Presented by Mr. Simeon Trenner 1943

Pelves from Hirst Collection ↓ (Packard Room)

17834.37 - Pelvis showing exostoses around the pelvic rim (Cast) 17-2

17834.38 Oval Oblique Kyphotic Pelvis. 18-2

17834.39 - Narrow funnel-shaped Pelvis. 17-2

17834.40 - Pseudo-Osteomalacic Pelvis - 18-2

17834.41 - Dwarf Pelvis - 17-2

17834.42 - Pelvis showing diameters of the superior strait - 18-2

17834.43 - Generally contracted rachitic Pelvis. 17-2

17834.44 Justo minor pelvis with ruptured pelvic joints following forceps application. 18-2

17834.45 - Simple flat Pelvis - Storeroom table #4

17834.46 - Front part of an adult pelvis and upper portion of femurae - Storeroom Table 4

17834.47 Adult Pelvis - Storeroom table 4

17834.48 - Small pelvis - appears to be that of a monkey - Storeroom table 4

17834.49 - Adult Pelvis and portion of vertebral column (4 vertebrae) Storeroom table 4

17834.50 - Adult pelvis and three vertebrae Storeroom table 4

17834.51 - Infant Pelvis - " " "

17834.52 - Adult Pelvis (Cast) " " "

17834.53 - Adult pelvis & three vertebra " " "

17834.54 - Small deformed Pelvis - " " "

17834.55 - Child's Pelvis (Cast) " " "

All of the above Pelves are part of the B. C. Hirst Collection and were presented by Mrs. Barton Cooke Hirst.

17835.74 - Surgical Instruments
Pres. by Mrs Oliver Judson

17835.75 - Microscopic slides formerly belonging to Dr. Gray and Dr. J. Solis-Cohen.

17835.76 - Model of head of an infant Pres. by Mrs B. C. Hirst

17835.77 - " " " " " " " " "

17835.78 - Model of pelvis (wooden) " " " "

17835.79 - " female pelvis - " " "

17835.80 - Skull - mandible missing

17835.81 - Box of duplicate instruments (see card catalog)
Pres. by estate of Dr. Paul Sartain

17835.82 - Amussat's Haemorrhoidal clamp and Cautery

17835.83 - Baunscheid's Scarificator - Pres. by Dr. J. M. DaCosta

17835.84 - Caustic carrier for bladder

17835.85 - Ivory Cotton carrier for the ear.

17835.86 - Caustic carrier

17835.87 - Hard rubber vaginal syringe - Presented by estate of Dr. Paul Sartain

17835.88 - Uterine dressing forceps " " "

17835.89 - Uterine polypus forceps - " "

17835.90 - 5 aluminum trowels for lifting section for microscopic study - Pres. by estate of Dr. Paul Sartain

17835.91 - Tortoise shell eye shields - " " " " " "

17835.92 - "Dog-tags" worn by soldiers - (see card)
Presented by Dr. S. X. Radbill

17835.93 } Angiotribes Presented by Dr. G. N. J. Sommer
17835.94 }
17835.95 }

17835.96 - Emmet's uterine cutting forceps - Pres. by G. N. J. Sommer

17835.97 Outerbridge's knot-tier " " " "

17835.98 Mayo's vein stripper " " " "

17835.99 Knot-tier - Pres. by Dr. G. N. J. Sommer

17836.00 - Pleximeter - Pres. by estate of Dr. Jos. McFarland

17836.01 - Percussor " " " " "

17836.02 Da Costa model Stethoscope " " "

17836.03 Machete taken from a Moro Chief of a New Guinea Tribe & presented to Mayor Samuel of Phila by Lieut. Edwin H. Roberts U.S.N.
Presented by Mayor Samuel through Dr. Hubley P. Owen - 1946

17836.04 - Human ovum showing chorial villi - Sept. 30, 1892 or 1893. Sandy Run Pa
Presented by Dr. John H. Cloud. 1946
17836.05 - Skull of a fetus at term. " " "
17836.06 - Alison's Binaural stethoscope with 2 chest pieces - Presented by Mrs. David Ludlow 1947
17836.07 - Binaural stethoscope " " " " "
17836.08 - Dennison's Binaural stethoscope " " "
17836.09 - Phonendoscope " " "
17836.10 - Percussor " " "
17836.11 Urethrotome - " " "
17836.12 - Kelly's urethral calibrator - " " "
17836.13 - 3 Fabric catheters " " "
17836.14 - Eight mandrins " " "
17836.15 Catheter holder - " " "
17836.16 - Two metal sounds " " "
17836.17 - Three Fowler's sounds - " " "
17836.18 - Three uterine probes - " " "
17836.19 - Two Luer's trachea cannulae " " "
17836.20 - Denhardt's mouth gag - " " "
17836.21 - Probang (for larynx) " " "
17836.22 - Combination cheek retractor & tongue depressor " " "
17836.23 - Rectal speculum " " "
17836.24 - Pratt's Twelve rectal Speculum " " "
17836.25 Small screw driver for eye glass adjustment " " "
17836.26 - Critchett's Eye speculum - " " "
17836.27 - Canaliculus knife - " " "
17836.28 - Politzer's aural forceps - " " "
17836.29 - Four artery forceps - " " "
17836.30 - Dieffenbach's curved artery forceps - " " "
17836.31 - Splinter forceps - " " "
17836.32 - Bullet forceps - " " "
17836.33 - Spring lancet - " " "
17836.34 Dissecting tenaculum " " "

17836-35 Needle holder - Presented by Mrs. D. H. Ludlow 1947
17836.36 - Scarificator " " " " "
17836-37 - Thomas' Tampon Expeller " " " " "
17836.38 - Ancient tooth extractor " " " "
17836.39 - Vectis & blunt hook - " " " "
17836.40 - Perforator " " " "
17836-41 - Guarded crotchet - " " " "
17836.42 - Hodge obstetrical forceps " " "
17836.43 - Comb. curette, blunt hook, forceps - " " "
17836.44 - Pean's Hysterectomy forceps - " " "
17836.45 - Graves' vaginal speculum " " "
17836.46 - Record's vaginal speculum - " " "
17836.47 - Nott's vaginal speculum - " " "
17836.48 - Sim's dilating vaginal speculum " "
17836.49 - Seiler's septometer " " "
17836.50 - Straight nasal saw " "
17836.51 - Sajou's angular nasal saw " "
17836.52 - Post nasal syringe - " "
17836.53 - Two abdominal trocars " " "
17836.54 Cornet's cover glass forceps. (microscopic) " " "
17836.55 - (2) Kuehn's " " " " " " "
17836.56 - Triangular bistoury (microscopic) " " "
17836.57 - Torsion forceps " " "
17836.58 - Iris Scissors with 1 probe point " " "
17836.59 - Hypodermic syringe in leather box with needles.
Presented by Miss Keser (nurse)
17836.60 - Hypodermic syringe in metal case with needles -
Presented by Miss Keser (nurse)
17836.61 - Craniometer devised by Dr. W. S. Wadsworth
Presented by Dr. Wm. S. Wadsworth
17836.62 - Gigli's wire saw with handles. Presented by Dr. Wm. S. Wadsworth
17836.63 - Dr. Battershall's Inhaler -
- Pres. by Dr. W. S. Wadsworth

17836.64 - Hutchinson's stomach pump.
Presented by Dr. Wm S. Wadsworth

17836.65 - Brass lever stomach pump - "
17836.66 - Dennison's stethoscope - "
17836.67 - Hawksley's hard rubber stethoscope "
17836.68 - Double screw hook for nasal polypus "
17836.69 - Goodwillie's nasal speculum - "
17836.70 - Septum splint " "
17836.71 - Section knife with 2 blades - " "
17836.72 - Skene-Folsom's urethral speculum " "
17836.73 - (3) Hard rubber rectal specula - " "
17836.74 - Pleximeter - " "
17836.75 - "
17836.76 - Liston's spring-catch artery forceps - " "
17836.77 Slide catch artery forceps - " "
17836.78 - Instrument for grasping tumors " "
17836.79 - Meatotome (male urethra) " "
17836.80 - Three sizes Peadee's tube for intra-uterine medication " "
17836.81 - Sponge holder with slide clasp - " "
17836.82 - Thomas-Cutler's stem pessary " "
17836.83 - (3) Murphy's anastomosis buttons " "
17836.84 - Rectal irrigator " "
17836.85 - Dean's ear snare - " "
17836.86 - Robert's tonsil seizing and haemostatic forceps - " "
17836.87 - Urethrotome - " "
17836.88 - Lithotomy forceps - " "
17836.89 - Tenaculum forceps & artery forceps - " "
17836.90 - Ligature carrier " "
17836.91 - Chest piece for stethoscope - " "
17836.92 - (3) Tampon expellers - " "
17836.93 - (4) Bush's needle holders - " "
17836.94 - Cutting & holding scissors - " "
17836.95 - Allingham's elastic ligature carrier " "

Instruments below presented by
Dr. Wm S. Wadsworth

17836.96 - (2) Double edged knives in holder which controls the length of cut
17836.97 - (2) Pairs of double action scissors
17836.98 - Mouse tooth forceps with slide catch
17836.99 - Aspirator needle
17837.00 - Slide catch artery forceps
17837.01 - Instrument for enlarging corneal incision
17837.02 - (2) Ear forceps
17837.03 - Enucleation forceps
17837.04 - Tampon expeller
17837.05 - Vaginal speculum
17837.06 - Periosteum raspatory
17837.07 - " elevator
17837.08 - Ear forceps (mouse-toothed)
17837.09 - Tonsil seizing forceps
17837.10 - Sponge holder
17837.11 - Bistoury
17837.12 - Spoon & curette
17837.13 - Hard rubber applicator
17837.14 - Applicator & cotton carrier
17837.15 - " " "
17837.16 - Knot-tier
17837.17 - Agnew's instrument for adjusting sutures
17837.18 - Bush's forceps for withdrawing needles in operation upon piles
17837.19 - Caustic holder.
17837.20 - Post nasal applicator
17837.21 - Tenaculum for vesico-vaginal fistula
17837.22 - A & B - A. Right Brunetti's chisels for opening spinal cord
B Left " " " " " "

17837.23- Dental equipment (cut made (in 1894) in use about 100 years ago. (Swiss)
Presented by Dr. William S. Wadsworth.

Instruments below presented by
Dr. Wm S. Wadsworth

17837.24- Post mortem set formerly belonging to Dr. Judson Dalland

17837.25- Post mortem knife used to perform 5000 post mortems

17837.26 - Introducer for artificial tympanum
17837.27- Polypus forceps
17837.28 - Hudson's sponge holder
17837.29 - Johnson's curette & uvula scissors (incomplete)
17837.30 - Skudder's intestinal forceps
17837.31 - Dryen's Intestinal forceps
17837.32 - Abdominal retractor
17837.33 - Murphy's retractor
17837.34 - Hernia knife
17837.35 - " "
17837.36 - Seiler's hernia knife
17837.37 - Vulsella forceps
17837.38 - Trumbie's ear forceps
17837.39 - Dental instruments from Geneva (1894)
17837.40 - Rectal syringe
17837.41 - Retrojecting syringe for male urethra
17837.42 " " " " " "

17837.43 - Southey's Tubes formerly belonging to Gov. Dr. Morris M.D. (Southey's Anasarca Trocar with 4 cannulae in ivory case
Presented by Gov. Dr. Morris, M.D. 1949

17837.44 - Shunt-lancet
Presented by Dr. Jos. F. Ulman

17837.45 - Liebreich Ophthalmoscope. Presented by Dr. Joseph F. Ulman

17837.46 - C. H. Fitch's Pocket Prescription Scale (1885)
Presented by Dr. J. Monroe Thorington

17837.47 - Box of 50 lantern slides from plates in Dr. George McClellan's Regional Anatomy
Presented by Mr. D. Ward Beam - 1950

17837.48 - Box of 50 lantern slides from plates in Dr. George McClellan's Regional Anatomy
Presented by Mr. D. Ward Beam 1950

17837.49 - Sea sponges. Used in intra-abdominal operations before surgical gauze was introduced. Used by Dr. J. William White. In possession of Dr Alfred C. Wood for 33 years. Sponges called "elephant ears".
Presented by Dr. Alfred C. Wood - 1950

17837.50 - Skull used for religious purposes. Purchased from a Samoan who got it from the Island of Malliecollo in the New Hebrides

17837.51. Monochord formerly belonging to Dr. Horace J. Williams. Invented about 1909 by Strycker & augmented by Prof. Skaefer. Sc. Am. Laryn. Rhinol. & Oto. Soc. 1913 - (19th Annual Meeting) p. 341-346

17837.52 - Metalstethoscope formerly belonging to Dr. Louis Zentmayer brother of Dr. Wm. Zentmayer
Presented by Dr. Wm Zentmayer 1951

17837.53 - Pocket case formerly belonging to Dr. Louis Zentmayer (died 1879).
Presented by Dr. Wm Zentmayer

17837.54 - Loring ophthalmoscope
Presented by Dr. Wm. Zentmayer

17837.55 Fox's ophthalmoscope (1885) given to Dr. Wm Zentmayer by Dr. Burton Chance
Presented by Dr. Wm Zentmayer

17837.56 - Ophthalmoscope formerly belonging to Dr. Wm F. Norris (Loring)
Presented by Dr. Wm. Zentmayer

17837.57 - Stokes' Rotary Prism: Used in ophthalmology to measure the deviation of the visual axis and to measure the power of duction in the eyes. Presented by Dr. Wm Zentmayer

17837.58 - Obstetrical forceps.
Presented by Kenneth K. Kline 1951

17837.59 - An early faradic machine for electro-therapy of muscular paresis & paralysis. Method preceded that of the use of the interrupted Conduction coil.
Presented by Dr. Douglas Macfarlan 1951